



the **skills** network

Level 2 **Certificate in Understanding the Safe Handling of Medication in Health and Social Care**



Unit 1

Instructions for using the EQUAL App

At The Skills Network, we are enabling you to access additional video content through Augmented Reality (AR) technology. By simply scanning areas of this book, you will have access to a range of interactive bonus content, from a Virtual Tutor to case study videos.

Instructions for use



STEP 1:

To get started, you will need to download the EQUAL App from the AppStore or PlayStore and follow the simple tutorial instructions on how to activate your course.



STEP 2:

Look out for this icon in your learning materials.



STEP 3:

Whenever you see the icon, click on the 'lens' in the bottom bar of the app, scan the icon or the image the icon is placed on, and bring your bonus content to life.

Utilising the app to access additional content is not mandatory to successful completion of the course, but allows for an alternative way to access content from within the workbook.



Don't forget to point your lens at this icon!

Scan for your Virtual Tutor

Scan this icon to meet your Virtual Tutor.

Disclaimer:

This resource uses real life case studies where specifically stated and referenced. All other references to individuals, groups and companies contained within these resources are fictitious.

Level 2 Certificate in Understanding the Safe Handling of Medication in Health and Social Care

Welcome to this Level 2 Certificate in Understanding the Safe Handling of Medication in Health and Social Care.

We hope you find all of the information contained in this resource pack interesting and informative. This learning resource and the assessment questions have been approved by your awarding body as a great way to meet the learning outcomes for this qualification. (A complete list of the learning outcomes can be found at the back of this workbook.)

This course is made up of **four** books. This is **book one**, which contains **one** unit:

Unit 1: Understand medication and prescriptions



As you start to read through each page you will be able to make notes and comments on things you have learnt or may want to revisit at a later stage.

At the end of each section, you will be asked to go to your assessments and answer the relevant questions. Once you have answered the questions, go to the next section and continue studying until all of the assessments have been completed.

Please make sure that you set aside enough time to read each section carefully, making notes and completing all of the activities. This will allow you to gain a better understanding of the subject content and will help you to answer all of the assessment questions accurately.

Good luck with your study. Now let's begin!

Key Skill Activities

Throughout this workbook, you will be asked to complete activities to help with your English and maths skills, and to allow you to stretch and challenge yourself and test your behaviour and attitudes in relation to the safe handling of medication in health and social care. These activities are designed to encourage your development throughout the course and to allow you to extend your knowledge as you progress through the course.



Key Skill: English

Whenever you see this icon, there will be an activity which encourages you to demonstrate your English skills. Completing these activities will allow you to practice literacy components and may stretch you beyond your existing skills which will then improve your general abilities.



Key Skill: Maths

Whenever you see this icon, there will be an activity which encourages you to demonstrate your maths skills. These activities will help you with your personal and professional development. Completing these activities will allow you to practice mathematical components and may stretch you beyond your existing skills which will then improve your general abilities.



Key Skill: Stretch and challenge yourself

Whenever you see this icon, there will be an activity which encourages you to stretch and challenge yourself in relation to the safe handling of medication. These activities will help you with your personal and professional development and encourage you to think about certain situations and scenarios in more detail.



Key Skill: Behaviour and attitudes

Whenever you see this icon, there will be an activity which encourages you to consider your own behaviour and attitudes in relation to the safe handling of medication. These activities will help you with your personal and professional development and will help you to evaluate the skills you already have, and think about how you approach various situations in the workplace.



Key Fact: British Values

You will also come across this British Values icon throughout the course. Whenever you see this, it represents an area of learning that emphasises British Values. Your understanding of these values is crucial as you look to grow and develop as an employee and member of your wider community.

Unit 1: Understand medication and prescriptions

Welcome to unit one.

This unit is split into **five** sections. These are:

Section 1: Using different medications

Section 2: The classification of medication

Section 3: Legislation and guidelines related to medication

Section 4: Roles of self and others in the medication process

Section 5: Accessing information about medication

Section 1: Using different medications

This section will explore the following:

- Different types of medicines
- Routes of administration.





What do you know?

Before you start this unit, it is important that you take some time to think about what you already know about medication and prescriptions. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 5. You can then write out your answer in full for Question 6.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

1 – Not confident at all 2 – A little confident 3 – Confident
4 – Very confident 5 – Confident enough to share my knowledge with others

1.	How confident do you feel in your understanding of using different medications?	
2.	How confident do you feel in your understanding of the different classifications of medicines?	
3.	How confident do you feel in your understanding of current legislation and guidelines related to medication?	
4.	How confident do you feel in your understanding of your role and the role of others in the medication process?	
5.	How confident do you feel in your ability to access information about medication?	
6.	What are you hoping to learn in this unit?	

Different types of medicines

Medicines are widely used throughout the world and if taken as prescribed can be used to:

- **Prevent illness** – for example, vaccinations are administered to prevent the effects of some infections
- **Restore or maintain bodily functions** – for example, insulin can be administered to regulate blood glucose levels
- **Relieve symptoms associated with illness** – for example, antacids can be administered to relieve symptoms associated with heartburn and indigestion
- **Treat or manage illness** – for example, antibiotics can be administered to treat bacterial infections.

There are many different types of medicines on the market and most of these are known by two or more names. One is the **generic name**; also known as the approved, non-proprietary or pharmaceutical name. The other is known as the **brand name**; also known as the proprietary name.

The difference between the generic and the brand names

Generic name

Whilst medicines can have many brand names, they only have one generic name. The generic name of a medicine is based on the drug's main ingredient, for example, ibuprofen or paracetamol.

When a doctor prescribes medication, they should always use the generic name. However, the pharmacist can choose which brand of the medication will be supplied.

Brand name

Many medicines have one or more brand names. This is chosen by the company that makes it. Several companies may make the same medicine, each with their own brand name. For example, ibuprofen is a generic name; however, many companies make this medication under their own brand name, such as Brufen, Calprofen and Ibuleve.

The brand name of a medication is usually most clearly **visible** on the packaging and is easily identified by the symbols ® or ™. The medication may vary in its presentation, so tablets may be different colours or shapes depending on the brand.



Activity 1: Generic and brand names

Using any resource available to you (e.g. British National Formulary [BNF], UK websites or pharmacies), complete the table to show the UK generic and brand names of the medicines listed. When filling in the table, ensure that you use the correct spellings of both the generic and brand names.

Generic name	Brand name
Furosemide	
	Calpol
	Ibuleve
Fluoxetine	
	Marevan
Lactulose	
Chlorphenamine	
	Zantac
	Amoxil

Check your answers at the end of this workbook.

Groups of medicines

Medicines can be grouped and named according to the body part or body system they affect (such as cardiovascular, which treat conditions of the heart and blood vessels), or by the type of illness, condition or disease they treat (such as antidepressants or anti-inflammatory medicines).

Below are some of the more common types of medicines you may come across within your workplace. These have been grouped according to the type of illness, condition or disease they treat.

- Antibiotics
- Analgesics
- Antihistamines
- Antacids
- Anticoagulants
- Psychotropic medicines
- Diuretics
- Laxatives
- Hormones
- Cytotoxic medicines.

Antibiotics

Antibiotics are powerful medicines that are used to treat bacterial infections. Some illnesses caused by bacterial infections include:

- Impetigo
- Tonsillitis
- Salmonella
- Urinary tract infection
- Chest infection.

Not all antibiotics work in the same way; some antibiotics work by killing the bacteria, while others work by preventing the bacteria from growing and reproducing.

Some antibiotics can be used to treat a wide range of bacterial infections. These are known as **broad-spectrum** antibiotics. Examples include amoxicillin and cefotaxime. Other antibiotics can only be used to treat specific types of bacteria. These are known as **narrow-spectrum** antibiotics. Examples include vancomycin and teicoplanin.

Antibiotics cannot be used to treat viral infections because the structure of a virus is different to that of bacteria. Some illnesses caused by viral infections include measles, chicken pox, colds and flu.

Antibiotics are prescribed for a specific period of time (this is commonly between 7 to 10 days) and should be taken at regular intervals, for example every 4, 6, 8 or 12 hours.

Some antibiotics have specific instructions relating to the way they need to be taken. For example, to be taken before, after, or during meals. It is therefore important to read and carefully follow the instructions that come with the medicine.



Scan the image

If antibiotics are not taken according to their instructions, or if the full course is not completed, this could lead to the dose not being sufficiently high for a long enough period to be effective against the bacteria. The bacteria will then continue to thrive. Low doses of antibiotics may also lead to the bacteria becoming resistant to them. This happens because the bacteria develop mutations which can make them resistant to a particular antibiotic or to different types of antibiotic. These bacteria can then become difficult to treat. Resistance can lead to further, and possibly more serious, infections.

i **Key Fact**

One example of resistant bacteria you may be familiar with is MRSA (Methicillin-resistant Staphylococcus Aureus).

It is therefore essential that instructions are always followed and the course of antibiotics is completed, even if symptoms appear to improve.

Common antibiotics include: **penicillin**, **amoxicillin** and **cefalexin**.



C **Case Study: John has an ear infection**

John is 49 years old and has been suffering with a painful ear which feels hot to touch. After waiting for a week, John finally decides that he should make an appointment to see his GP as the pain is getting worse. John has been taking paracetamol for his pain with very little effect.

John's GP examines inside the ear and explains that it is painful because he has a bacterial infection. The doctor advises John that he should take ibuprofen for the pain and prescribes a course of antibiotics known as penicillin. Within a few days of taking the medication, John's ear feels much better. However, on the fifth day of a seven day course, John stops taking the antibiotics and puts the remaining capsules in his medicine cabinet.



Key Skill: Maths

Katia has been prescribed a course of antibiotics for five days. She is expected to take the antibiotics every 12 hours. How many times will she take the antibiotics over the five-day period? Use the space below to make notes.

You can find the answer to this activity at the end of the workbook.

A **Activity 2: John**

Read the previous case study about John and his ear infection. Which three of the following consequences have a high chance of occurring because John has not completed his course of antibiotics?

- 1. The bacteria continue to thrive
- 2. John's ear gets 100% better
- 3. The bacteria become resistant to the antibiotic
- 4. The bacterial resistance leads to further, potentially more dangerous infections
- 5. John becomes allergic to the antibiotics

√

Check your answers at the end of this workbook.

Analgesics (painkillers)

Analgesic medication is used to relieve pain. However, some analgesics also have other effects; for example, paracetamol can also be used to reduce a temperature. Different analgesics work in different ways; some work by **easing the pain at the site of the injury**, whereas others work by **blocking the pain signals from the nerve endings to the brain**. Analgesics do not treat the cause of the pain, however, they do provide **temporary relief from pain symptoms**. People commonly take analgesics to relieve pain associated with headache, toothache, back ache, menstrual cramps (period pains) and pain associated with injury or surgery.

Pain can be mild, moderate or severe and the type of analgesic chosen would depend on the type and severity of the pain.

Commonly used analgesics include **ibuprofen** and **paracetamol**. Other analgesics include codeine, tramadol, diamorphine and fentanyl. The strongest analgesics are controlled drugs. Controlled drugs may be used postoperatively or within a palliative care setting. Controlled drugs will be discussed in further detail within Section 2.

Antihistamines

Antihistamines are commonly used to treat allergies such as hay fever.

Antihistamines work by blocking the release of a protein called histamine. Antihistamines are also used as ingredients in other types of medication including treatments for migraine, travel sickness and sleep disturbance.

There are **two** main types of antihistamines. One is **sedating** and one is **non-sedating**.

Sedating antihistamines affect the brain as well as the rest of the body. They can cause sleepiness. Examples include promethazine and chlorphenamine.

Non-sedating antihistamines do not pass into the brain so easily, so they don't make the individual feel sleepy. This also means that they do not relieve symptoms associated with sickness. Examples include cetirizine and desloratadine.



Antacids

Antacids are a group of medicines which work to neutralise the acid content within the stomach. These medicines are therefore used to treat symptoms associated with indigestion or heartburn. Antacids usually contain aluminium, calcium, sodium salts or magnesium. It is these components which work to neutralise stomach acid.

Antacids work in one of two ways: they either **coat the lining of the oesophagus** (food tube) to protect it from stomach acids, or they produce a gel in the stomach which helps to **prevent stomach acid from entering the oesophagus**.

Antacids are readily available without a prescription. Examples include **aluminium hydroxide**, **magnesium carbonate** and **magnesium trisilicate**. All of these come under various brand names, for example **Gaviscon**, **Rennies** and **Maalox**.



Are you using the Equal App?

Using the 'x' in the corner of your lens will exit camera mode and take you back into the app.

Anticoagulants

Anticoagulants are used to reduce the ability of the blood to clot.

Although blood clots are necessary to aid healing, they can also be dangerous. If an individual develops an internal blood clot, this could break free and travel in the circulatory system. The clot could block a major blood vessel and could block blood flow to vital organs such as the brain, lungs or heart. This could lead to life-threatening conditions such as heart attack, stroke, Deep Vein Thrombosis (DVT) and pulmonary embolism (blood clot in the lungs).

Anticoagulants are therefore prescribed for individuals who are at risk of blood clots. For example, individuals who have:

- Artificial heart valves
- Had a heart attack or stroke
- Had, or are at risk of, Deep Vein Thrombosis (DVT)
- Atrial fibrillation (a fast and erratic heartbeat)
- Undergone some types of surgery
- Angina.

Individuals taking anticoagulants are at increased risk of haemorrhage (uncontrollable bleeding) and these individuals must be very closely monitored to ensure their blood levels are within an ideal range.

The **two** most common types of anticoagulant are **warfarin** and **heparin**. Aspirin is also used to help prevent the blood from clotting. However aspirin works slightly differently and is known as an antiplatelet medication.

Psychotropic medicines

Psychotropic medicines affect an individual's mind and influence behaviour.

They are used to help treat the symptoms of mental conditions, for example schizophrenia, depression, bipolar disorder (sometimes called manic depressive illness), anxiety and Attention Deficit Hyperactivity Disorder (ADHD). Without these medicines individuals may experience worse symptoms and suffering. These medicines do not offer a cure but can offer symptom relief.

Medicines which are used in the treatment of depression include fluoxetine and citalopram. Antipsychotic medicines include **chlorpromazine** and **haloperidol**.

Diazepam may be prescribed to support individuals who experience anxiety.

It may take several weeks before the benefits of the medication are noticed when taking these types of medicines. Some of these medicines also have a sedative effect, making the individual feel drowsy. This may put the individual at increased risk of falls.

Diuretics

Diuretics are used to help remove excess fluid from the body by increasing the amount of urine produced by the kidneys.

An individual may be prescribed a diuretic to help in the treatment of:

- High blood pressure
- Oedema (too much fluid in the body tissue) which may result as a consequence of heart failure.

Diuretics must always be administered early in the day so that the need to pass urine does not interfere with the individual's sleep. Examples of diuretics include **furosemide**, **amiloride** and **bendroflumethiazide**.

Laxatives

Laxatives are medicines used to relieve constipation.

Laxatives can work in one of two ways: some work on the bowel muscle to make it contract. This makes it easier to push the stool out. Other laxatives work on the faeces by making it softer, bulkier or easier to pass.

Each type of laxative works in a different way to help prevent or relieve constipation:

Bulk-forming laxatives work by softening and increasing the amount of faeces as the fibre bulks out the stool. This then encourages the bowel to move and push the faeces out as the individual empties their bowel. Bulk-forming laxatives come in powder, granulated or tablet forms and need to be taken with plenty of fluids. Examples include **fybogel**, **isogel**, **ispagel orange** and **regulan**.

Osmotic laxatives work by increasing the amount of water retained by the faeces as it passes through the intestine. This makes faeces softer and easier to pass. Osmotic laxatives come in the forms of powder, liquid and enema. Examples include **lactulose**, **milk of magnesia**, **movicol**, **carbalax** and **micralax**.

Stimulant laxatives work by speeding up the movement of the intestine. Stimulant laxatives come in the forms of tablet, suppository, capsule, liquid and enema. Examples include **senna**, **bisacodyl** and **glycerin suppositories**.

Hormones

Hormones are chemicals that are naturally produced within the body.

They are secreted into the blood by endocrine organs. Examples of endocrine organs include the pituitary gland, thyroid and pancreas. Many different hormones are secreted in the body and include hormones such as insulin, testosterone, thyroxine and adrenalin.

Hormones work to maintain the body's natural balance; however, some people can experience hormone imbalances, which can occur when an individual produces too much or too little of a particular hormone. Hormone medication may therefore be administered in order to restore or maintain normal bodily functions.

Examples include:

- **Insulin** – used to restore insulin levels in individuals who have diabetes
- **Hormone Replacement Therapy (HRT)** – used to restore oestrogen levels in women who are experiencing menopause
- **Levothyroxine** – used to restore thyroxine levels in individuals who have an underactive thyroid.



Cytotoxic medicines

Cytotoxic medicines are used to treat some forms of cancer, and work by either killing or preventing the division of cancerous cells.

Cytotoxic medicines can affect all cells, but they tend to affect cells which divide rapidly, for example, cancerous cells, hair follicle cells, early blood cells in the bone marrow and cells of the gastrointestinal tract. People who take cytotoxic medication can therefore experience unpleasant side effects, such as nausea and vomiting, hair loss and bone marrow suppression. Examples of cytotoxic medicines include **methotrexate** and **procarbazine**.



STOP AND THINK!

Take a look at the medicines which are commonly used within your workplace. Make a list of the most commonly used medicines and state which 'medicine group' each belongs to.

Routes of administration

Medicines can be administered through a variety of different routes. **The route by which a medicine is administered refers to the way in which the medication is introduced into the body.**

The route of administration must be suitable for the condition being treated and will depend upon the form in which the medication can be produced. **Medicines can come in a variety of forms and this refers to the way in which the medication is presented, for example, whether it is a liquid, capsule, tablet, cream or suppository.** The purpose of these various 'forms' is to ensure the active ingredient of the medication is carried to the area where it is needed, and, in doing so, minimising any unwanted effects on other areas of the body.



The table below and on the following page shows the different routes by which medication can be administered.

Route	What this involves
Oral route	The oral route of administration involves administering medication by mouth. Medications commonly administered by the oral route include tablets, capsules and liquids.
Buccal route	The buccal route of administration involves placing medication between the top gum and cheek. The medication is then left to dissolve. Medication administered by this route is quickly absorbed into the bloodstream and carries the advantage that the gastrointestinal tract can be bypassed. Medications commonly administered by the buccal route usually come in the forms of: <ul style="list-style-type: none"> • Tablet – for example prochlorperazine which is used to relieve nausea and sickness • Liquid – for example midazolam, which is used as an emergency response for prolonged seizures.
Sublingual route	The sublingual route of administration involves administering medication under the tongue. The medication is left to dissolve and, like the buccal route, the medication is quickly absorbed into the bloodstream. As it is not swallowed, medication administered in this way carries the advantage that the gastrointestinal tract is bypassed. Medications that are administered by the sublingual route usually come in the form of tablets and sprays.
Intranasal route	The intranasal route of administration involves administering medication into the nose. Medications for nasal administration usually come in the form of drops, sprays, aerosols, vapours or creams.
Intraocular route	The intra-aural route of administration involves administering medication into the ears. Medications are usually presented in an applicator type bottle and come in the form of drops.
Intra-aural route	The inhaled route of administration allows medication to be administered directly into the lungs. Administration can be through an inhaler or nebuliser.
Inhaled route	The inhaled route of administration allows medication to be administered directly into the lungs. Administration can be through an inhaler or nebuliser.
Vaginal route	The vaginal route of administration involves administering medication into the vagina. Vaginal medications are useful when a localised effect is required, for example, when an individual has an infection. Medications for vaginal administration include pessaries, ointments, creams and gels.
Rectal route	The rectal route of administration involves administering medication into the rectum. Medication is absorbed through the lining of the rectum. Medications which are administered by the rectal route include suppositories, enemas, ointments and creams.

Route	What this involves
Topical route	The topical route of administration involves administering medication to the outer surface of the skin. There are many forms of medication that can be administered in this way, including creams, gels, shampoos, soaps, ointments, suspensions and solutions.
Transdermal route	The transdermal route of administration involves administering medication (usually in the form of a patch) to the outer surface of the skin. A controlled dose of the medication is then absorbed through the skin and into the bloodstream.
Percutaneous Endoscopic Gastrostomy (PEG) route	A PEG tube is a tube which is surgically inserted through the abdominal wall into the stomach. The PEG tube provides a long-term solution for ensuring nutritional needs are met when an individual cannot swallow. Medication is also administered down the tube if the individual cannot take medication by the oral route. Medication administered by this route will always be in liquid form.
Subcutaneous route	The subcutaneous route of administration involves injecting medication into the fatty layer of tissue just below the surface of the skin. Medications commonly administered by this route include insulin and heparin.
Intramuscular route	The intramuscular route of administration involves injecting medication into a large muscle, for example the buttock, thigh or upper arm muscle. Care workers are not permitted to administer medication via this route.
Intravenous route	The intravenous route of administration involves injecting medication directly into a vein. Care workers are not permitted to administer medication via this route.



What can I administer?

You should only ever administer medication that you have been trained to give.

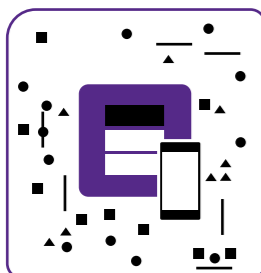
Guidance from the Royal Pharmaceutical Society states that this may involve:

- Giving or administering capsules, tablets or oral liquids
- The application of a medicated cream, ointment or spray
- The administration of inhaled medication
- The insertion of drops to the ear, nose or eye.



With additional training, support and observation to ensure competency, healthcare workers can be trained to administer via the following routes:

- Percutaneous Endoscopic Gastrostomy (PEG)
- Giving oxygen
- Injectable drugs such as insulin
- Rectal administration – for example, suppositories, rectal stesolid (for epileptic seizures).



Don't forget to point your lens at this icon, to listen to some handy tips from your Virtual Tutor.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Antacids are a group of medicines used to treat allergies such as hayfever.

True False

2. An example of a broad-spectrum antibiotic is:

- Teicoplanin
- Amoxicillin

3. Choose the correct ending to the following sentence:

The route of administration is...

- the form in which medicine is presented.
- the way in which medicine is introduced into the body.

4. The subcutaneous form of administration involves administering medication under the tongue.

True False

Check your answers by looking back over this section.



Congratulations, you have now completed Section 1. Please now go to your assessment and answer Q1 and Q2.

Section 2: The classification of medication

This section will explore the following:

- Classifying medicines.

Classifying medicines

There are various legal controls which govern the sale and supply of medicines. For the United Kingdom these legal controls are set out within **The Human Medicines Regulations 2012**. This piece of legislation defines three legal categories of medicines and the way they can be supplied and sold for human use. The **three legal categories** are:

1. **Prescription Only Medicines (POM)**: These medicines are only available when prescribed. Controlled drugs also fall within this category of medicines.
2. **Pharmacy (P) medicines**: These medicines are only available under the supervision of a qualified pharmacist.
3. **General Sales List (GSL) medicines**: These medicines do not require the supervision of a pharmacist and can be purchased from any shop.

When a new medicine is discovered it is usually authorised as a Prescription Only Medicine (POM). When the medicine has been on the market for a considerable period of time, and adverse reactions to the medicine are few or minor, the medicine may be considered safe enough to be used without the supervision of a doctor. The medicine may therefore be reclassified for sale or supply under the direct supervision of a pharmacist. It will then become a pharmacy (P) medicine.

Similarly, medicines that have previously been a pharmacy (P) medicine and have been considered safe to use for many years, may be reclassified as a General Sales List (GSL) medicine.



Case Study: John needs pain relief for his ear

John did not complete his first course of antibiotics, so he is still experiencing complications. He is developing a cold which may be contributing to pressure within the ear canal and causing additional pain. As he is already on a second course of antibiotics prescribed by his GP, John does not want to make an appointment to see the GP for a third time.

To avoid this, John goes to his local supermarket where he buys a packet of 16 paracetamol tablets.

A Activity 3: John's pain relief

Read the case study about John on the previous page and answer the following questions.

1. Under which classification would the paracetamol tablets be sold?

2. John wanted to buy more paracetamol. Would he be able to buy these at the supermarket?

Yes No

3. Why do you think this?

Prescription Only Medicines (POM)

Prescription Only Medicines (POM) can only be obtained on the authorisation of a valid prescription which has been written by a registered prescriber and presented at a registered pharmacy.

Traditionally, a prescriber would have been a doctor or a dentist. However, with the introduction of independent and supplementary prescribers, the term 'prescriber' may also include other healthcare professionals – for example, nurses and pharmacists who have undertaken additional training.

Controlled drugs

Controlled drugs are strong medicines which may be especially harmful or open to misuse. This group of medicines generally falls within the category of Prescription Only Medicines (POM).

Pharmacy (P) medicines

Pharmacy (P) medicines do not require a prescription, but must only be sold under the supervision of a registered pharmacist. This is necessary in order to ensure the medication is safe for the individual to purchase.

The pharmacist or pharmacist technician will ask a number of questions before selling the medication to a member of the public. This is because the medicine:

- May interact with other medicines
- May cause side effects
- Should not be taken by people who have particular health conditions.

General Sales List (GSL) medicines

Products classified as General Sales List (GSL) medicines are considered to be reasonably safe and can therefore be sold without a prescription or the supervision of a pharmacist. GSL medicines can therefore be purchased from a wide range of shops, including supermarkets, newsagents and petrol stations.


GSL medicines are controlled in terms of the amount that can be sold. For example, General Sales List paracetamol can only be purchased in boxes which contain no more than 16 tablets and only one box per transaction can be purchased. Boxes of paracetamol which contain more than 16 tablets can only be sold under the direct supervision of a pharmacist.



i Key Fact

Any drug or medicine can cause severe illness if misused or taken without adequate consultation or consideration. Even those which are classified as General Sales List (GSL) medicines must be very carefully considered by individuals experiencing illness.

Are you using the Equal App?

Pressing the refresh icon  in the top right hand corner of your lens will allow you to scan another image and icon without exiting camera mode.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Which piece of legislation defines the three legal categories of medicines?

2. P medicines are 'prescription only medicines'.

True False

3. Explain why controlled drugs fall into the category of prescription only medicines.

4. GSL medicines can only be bought from a pharmacy.

True False

Check your answers by looking back over this section.



Congratulations, you have now completed Section 2.
Please now go to your assessment and answer Q3 to Q5.

Section 3: Legislation and guidelines related to medication

This section will explore the following:

- Key points of current legislation and guidance
- Consequences of not following current legislation and guidance.

Key points of current legislation and guidance

There are a number of pieces of legislation and guidance which relate to the prescribing, supply, storage, administration and disposal of medicines. Your organisation will have its own policies for the handling of medication and these will have been drawn up in line with current and up-to-date guidelines, acts and regulations.

In order to ensure you are working in line with the law it is essential that you always work in line with your workplace policies and procedures.

The legislation and guidelines we will explore here are:

- The Health and Safety at Work etc. Act 1974
- The Control of Substances Hazardous to Health (COSHH) Regulations 2002
- The Human Medicines Regulations 2012
- The Misuse of Drugs Act 1971
- The Misuse of Drugs Regulations 2001
- The Misuse of Drugs (Safe Custody) Regulations 1973 (as amended 2007)
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Health and Social Care Act 2012
- The Hazardous Waste Regulations 2005
- The General Data Protection Regulation 2016
- Royal Pharmaceutical Society Guidelines
- Nursing and Midwifery Guidelines
- The Care Act 2014.

The Health and Safety at Work etc. Act 1974

The Health and Safety at Work etc. Act 1974 places responsibility for health and safety on employers and on employees in all work environments to ensure health and safety is maintained.

In relation to the safe handling of medication, your employer has a responsibility to:

- Ensure policies and procedures are up to date and accessible
- Provide training to prepare you for handling medication
- Provide Personal Protective Equipment (PPE) and clothing
- Ensure your workplace remains safe.

As an employee, you have a responsibility to:

- Follow policies and procedures relating to the safe handling of medicines
- Attend training and apply it to practices within your workplace
- Use any Personal Protective Equipment (PPE) and clothing that has been provided for you.



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The Control of Substances Hazardous to Health (COSHH) Regulations 2002

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 form part of the health and safety legislation, and establish a legal framework for protecting people from harmful substances within the workplace. These regulations apply to all hazardous substances, including medication.

Under these regulations, your manager must take reasonable steps to ensure hazardous substances are used safely and stored correctly within your workplace. If you have a responsibility to handle medication which is known to be harmful, a risk assessment must be undertaken and should identify the steps which must be taken in order to minimise any risk of harm to yourself and others.



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The Human Medicines Regulations 2012

This regulation came into force in August 2012 and has taken the place of much of the legislation that was in place within the UK, including most of the Medicines Act 1968. Its aim is to simplify the legislation that is in place.

Changes brought about by legislation include the removal of statutory warnings for over-the-counter medications, with the exception of paracetamol. Pharmacists have been given the power to change the prescription relating to the name of the product or its common name, and also the ability to change directions for the use of the product, without having to contact the prescriber first. Homeopathic and herbal medicines also come under these regulations.

The Human Medicines Regulations 2012 also relate to the manufacturing, licensing, import and monitoring of the safety of medicines. The regulations categorise the medicines according to how they can be supplied, be it as prescription only, pharmacy or General Sales List (GSL) medicines. They also detail the information that must be on the Patient Information Leaflet (PIL), which comes with the medication, and the use of Braille on the container.

The Misuse of Drugs Act 1971

The Misuse of Drugs Act (MDA) 1971 and its associated regulations provide the statutory framework for the control and regulation of controlled drugs. The primary purpose of the Misuse of Drugs Act is to prevent misuse of controlled drugs. These are drugs which tend to be addictive and can cause harm if used incorrectly or illegally.

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The Misuse of Drugs Regulations 2001

The use of controlled drugs in care environments is permitted under the Misuse of Drugs Regulations 2001. These regulations classify drugs into five schedules according to the different levels of control required. Schedule 1 drugs are subject to the highest level of control, whereas Schedule 5 drugs are subject to a much lower level of control.

Schedule 1

These drugs include hallucinogens such as coca leaf, LSD and ecstasy. These drugs have no therapeutic use. Production, supply and use of these drugs are limited in the public interest, and care organisations would generally not have authority to possess drugs within this schedule.

Schedule 2

Drugs within this schedule include morphine and pethidine (which are both opioids) and amphetamine. Drugs such as these are subject to safe custody regulations and must be stored in a locked and suitably controlled drug cabinet at all times. Receipt and supply of controlled drugs within Schedule 2 must be recorded in a controlled drugs register.

Schedule 3

The drugs controlled under this schedule include a small number of minor stimulants and other drugs, which are less likely to be misused than drugs in Schedule 2, or are less harmful if misused. These drugs are subject to safe custody requirements but do not have to be recorded within the controlled drugs register.

Schedule 4

These drugs are split into two parts: part one includes benzodiazepines and part two contains anabolic and androgenic steroids. These drugs are not subject to safe custody requirements.

Schedule 5

The drugs included in this schedule contain preparations of certain controlled drugs – for example, codeine, pholcodine and morphine. These are exempt from full control when present in medicinal products of low strengths as their risk of misuse is reduced. These preparations are exempt from virtually all controlled drug requirements, other than the retention of invoices for two years.

The Misuse of Drugs (Safe Custody) Regulations 1973 (as amended 2007)

The Safe Custody Regulations impose controls on the storage of controlled drugs. The degree of control depends on the premises within which the drugs are being stored. For example, there are no special requirements for the storage of controlled drugs within domiciliary care (care within an individual's home).

Within care homes however, all Schedule 2 and Schedule 3 drugs should be stored securely in accordance with the Misuse of Drugs Regulations. These regulations state that such controlled drugs must be stored in a cabinet or safe and locked with a key. The cupboard should be made of metal, with suitable hinges, and fixed to a wall or the floor with rag bolts to ensure it is securely anchored.



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

The Controlled Drugs (Supervision of Management and Use) Regulations 2013 replaced the previous Controlled Drugs (Supervision of Management and Use) Regulations 2006 after the introduction of the Health and Social Care Act 2012. The 2013 regulations apply in England and Scotland only, with Wales and Northern Ireland having their own equivalent regulations.

The Controlled Drugs (Supervision of Management and Use) Regulations 2013 designate a number of NHS bodies and independent healthcare providers that are required to appoint a Controlled Drugs Accountable Officer (CDAO). The regulations set out a series of duties and responsibilities that the CDAO must comply with to improve the management and use of controlled drugs (Regulations 8–10). Regulations 11–13 provide a set of core duties and functions that CDAOs must follow, and that must be established and reviewed to ensure secure systems for the safe management and use of controlled drugs within the CDAO's organisations.

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The Health and Social Care Act 2012

The Health and Social Care Act 2012 has replaced England's Primary Care Trusts, or PCTs, with Clinical Commissioning Groups, or CCGs. CCGs will be staffed by General Practitioners, meaning that GPs will be in control of the majority of the NHS budget.

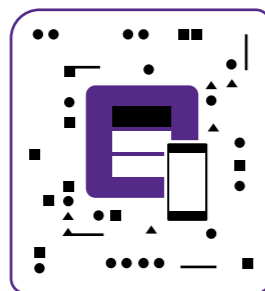
The Health and Social Care Act 2012 also abolished the Commission for Social Care Inspection (CSCI) and established the Care Quality Commission (CQC). The Care Quality Commission is presently the independent regulator for health and adult social care in England.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

On 1st April 2015, the CQC introduced the **Fundamental Standards**. These replaced the previous 28 CQC Regulations and outcomes with clearer statements detailing the standards below which care should never fall.

The Fundamental Standards set out what providers of care need to be following to ensure that the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are being adhered to within their organisation.

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The Fundamental Standards cover all aspects of medication management, but the following specific Regulations support service providers to meet the required care standards:

Regulation 10: Dignity and respect	The intention of this Regulation is to ensure that all people using the service are treated with respect and dignity at all times when they are receiving care and treatment.
Regulation 11: Need for consent	Requires that all people using the service have given their consent before any care or treatment is provided. The consent must be gained lawfully and the person who obtains the consent must have the 'necessary knowledge and understanding of the care and/or treatment that they are asking consent for'.
Regulation 12: Safe care and treatment	Requires that providers must ensure 'the proper and safe management of medicines'.
Regulation 13: Safeguarding service users from abuse and improper treatment	The aim of this Regulation is to ensure that people who are using services are safeguarded against any form of abuse or improper treatment whilst receiving care and treatment.
Regulation 15: Premises and equipment	Requires that 'the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly'.
Regulation 17: Good governance	This Regulation includes the requirement to 'maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided'.

i Key Fact

It is crucial that individuals working with medication treat the individuals with respect at all times and follow all relevant legislation and standards in every aspect of their work. A lack of respect for other people's cultures and beliefs can lead to discrimination, exploitation and the denial of peoples' rights.

The Hazardous Waste Regulations 2005

The disposal of hazardous waste is stringently controlled by the Hazardous Waste Regulations 2005. These regulations place a responsibility on care providers to ensure the safe disposal of medicinal waste.

The General Data Protection Regulation 2016

The General Data Protection Regulation 2016 is a key piece of legislation which governs the management of all records, including access, storage and sharing of information. Therefore, any organisation required to handle medication will have a legal duty to adhere to the General Data Protection Regulation 2016 when maintaining records relating to medication. The General Data Protection Regulation 2016 works in two ways. Firstly, it gives individuals the right to know what information is held about them, and secondly, it sets out six principles which should ensure information is handled properly. The **six** principles state that information should be:

1. Processed fairly, lawfully and in a transparent manner in relation to the data subject.
2. Collected for specified, explicit and legitimate purposes, and not further processed for other purposes incompatible with these purposes. Further processing for archiving purposes or statistical purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes.
3. Adequate, relevant and limited to what is necessary in relation to the purposes for which data is processed.
4. Accurate and, where necessary, kept up to date. Every reasonable step must be taken to ensure that personal data that is inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay.
5. Kept in a form that permits identification of data subjects for no longer than is necessary for the purposes for which the personal data is processed. Personal data may be stored for longer periods as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes, subject to implementation of the appropriate technical and organisational measure required by GDPR in order to safeguard the rights and freedoms of individuals.
6. Processed in a way that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

Source: <https://www.itgovernance.eu/blog/en/the-gdpr-understanding-the-6-data-protection-principles>

The Data Protection Act 2018 was also introduced in May 2018, to modernise UK data protection laws and implement General Data Protection standards



Royal Pharmaceutical Society Guidelines

The Royal Pharmaceutical Society is the professional body for pharmacists in England, Scotland and Wales. The Royal Pharmaceutical Society recognises that where care workers are responsible for the management of medicines, they should follow a set of general principles to ensure that this is done safely. The Royal Pharmaceutical Society published guidance to this effect entitled **The Handling of Medicines in Social Care**. This document provides professional pharmaceutical guidance on every aspect of social care for people who are involved in handling medication.

The Handling of Medicines in Social Care can be accessed online at: <https://www.rpharms.com/resources/publications/the-handling-of-medicines-in-social-care>

Nursing and Midwifery Guidelines

The Nursing and Midwifery Council has published a set of standards for safe practice in the management of medicines. The standards reflect practices from the prescribing of medication through to its disposal.

These standards can be accessed at www.nmc.org.uk/.

The Care Act 2014

The Care Act 2014 is the most significant change in social care law in over 50 years. It brings together various pieces of outdated and confusing legislation into one single Act. This legislation sets out how individuals' support needs should be met, and gives every person the right to an assessment of their care requirements.

Focusing on the 'well-being principle', the Act outlines the duty of all local authorities to ensure person-centred care is delivered across all services. The Care Act 2014 aims to standardise care services throughout England, and includes the following areas:

- Control over day-to-day life
- Domestic, family and personal relationships
- Participation in work, education, training or recreation
- Personal dignity
- Physical and mental health and emotional well-being
- Protection from abuse and neglect
- Social and economic well-being
- Suitability of living accommodation
- The individual's contribution to society.

Consequences of not following current legislation and guidance

Any individual who assumes responsibility for handling medication must ensure they work in line with current legislation and guidance.

Whilst the legislation sets out the legal requirements for the safe handling of medication, the guidelines set out the procedures to ensure anyone following them is working within the boundaries of the law. The legislation and guidelines will be reflected within workplace policies and it is essential that these are followed at all times.

Failure to comply with legislation and guidelines could have serious consequences for everyone involved in the handling of medication, including:

- Yourself and your colleagues
- The organisation
- Service users.

If you choose not to follow current legislation and guidance you could face allegations of misconduct. This could lead to disciplinary procedures and ultimately dismissal from your job. You could also be breaking the law and may face prosecution, charges and imprisonment.

For the organisation, failure to follow legislation and guidelines could lead to prosecution and, if found guilty, could lead to charges and imprisonment. Ultimately, failure to comply with the law could lead to closure of the care facility.

The innocent people in all of this are the service users who trust health and social care workers to provide safe standards of care. Failure to comply with legislation and guidelines will inevitably create an environment which accepts the delivery of unsafe and poor standards of care. Service users may be given the wrong medication, no medication, or too much or too little medication, which could result in individuals becoming very ill, or could even result in fatalities.

It must always therefore be remembered that workplace policies and procedures are put in place to ensure consistency and compliance with the law, thus ensuring standards are maintained and improved upon.



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Using the 'x' in the corner of your lens will exit camera mode and take you back into the app.



Key Skill Activity



Imagine that you are a team leader in a care setting and one of your employees has not been following current legislation and guidance. You have called them in for a face to face meeting to discuss their conduct. How would you handle this meeting?

Consider your tone of voice and body language, as well as what you would say/do to resolve the issue.



Key Fact

It is a requirement of your employment that you work in compliance with legislation and guidelines at all times.



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Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Which regulations impose controls on the storage of controlled drugs?

2. Explain how the Fundamental Standards help providers of care comply with regulations.

3. How might service users be affected by failure to follow current legislation and guidance?

Check your answers by looking back over this section.



Congratulations, you have now completed Section 3.
Please now go to your assessment and answer Q6 and Q7.

Section 4: Roles of self and others in the medication process

This section will explore the following:

- The roles of self and others
- Your role and the limitations of your role in handling medication
- Support and information.

The roles of self and others

There are many people involved in the handling of medication, from the initial prescribing through to its disposal. Although various people will have differing roles in the handling of medication, they will all have a duty to:

- Work only within their sphere of competence
- Adhere to specific codes of practice/conduct
- Adhere to their workplace policies and procedures
- Ensure safe practices are maintained and unsafe practices are reported.

Within your environment there will be various people who are dependent upon each other to ensure a smooth process throughout the handling of medication. These roles include:

- Prescribing medication
- Dispensing medication
- Obtaining and receiving medication
- Administering medication.

An individual's role in the handling of medicines will be dependent upon the care environment, the extent of training the individual has undertaken, or the qualifications the individual holds. For example, within a home that only provides personal care, only care staff who have received training can administer medication. Within a home which provides nursing care, medication must be administered by qualified nurses.

Role of individuals who prescribe medication

In the case of care homes, the prescriber will usually be a General Practitioner (GP). However, other people who are able to prescribe medication include dentists, some nurses who have undertaken additional training, and some pharmacists who have undertaken specific training.

Prescribers have a responsibility to prescribe medication in accordance with guidelines issued by the **National Institute for Health and Care Excellence (NICE)**.

The overall aim of the prescription is to issue a written instruction for a pharmacist to dispense medication to a specific individual.

The prescriber's role includes:


- Completing an initial assessment to ensure suitable medication is prescribed
- Ensuring there are no contraindications (reasons why the medicine would be unsuitable for the individual)
- Explaining why the medication is required, what effects it will have, any special instructions that need to be followed and any side effects that may be experienced
- Ensuring their prescriptions comply with the legal requirements of The Human Medicines Regulations 2012 and the Misuse of Drugs Act 1971.

Prescription drugs can be open to misuse and can be dangerous if misused. There are strict controls governing the methods to be followed when prescribing them.

In order to meet legal requirements, a prescription must be printed or written on a secure prescription form. The ink used must be indelible and each prescription must contain a serial number so that it can be traced. The prescription must also be signed by the prescriber.



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Pressing the refresh icon  in the top right hand corner of your lens will allow you to scan another image and icon without exiting camera mode.

Role of individuals who dispense medication

Whilst hospitals will have their own pharmacy departments, those who receive care within a care home and those who receive domiciliary care will generally use the services of a community pharmacist. Pharmacists have a responsibility to dispense medication in accordance with the law. The contracting pharmacist will dispense medication after an authorised prescription has been received. Prior to dispensing any medication, pharmacists must carry out checks for accuracy of information. The medication must then be dispensed into containers which display specific information relating to the medication and its use.



Role of individuals who obtain and receive medication

Within a care home, the responsibility for obtaining and receiving medication lies with the registered manager. However, the registered manager may delegate this role to another member of staff. This member of staff is known as a 'designated person'. In delegating this role, the registered manager must ensure the designated person has received full training and has been assessed as competent in this aspect of handling medication.

Individuals who have a responsibility to obtain and receive medication must:

- Always adhere to their workplace policies and procedures
- Ensure medication is handled in line with current and up-to-date legislation and guidelines
- Ensure they comply with any relevant risk assessments
- Maintain accurate records relating to medication transactions and ensure they are maintained in line with the General Data Protection Regulation 2016
- Ensure discrepancies are acted upon in accordance with their workplace policies.

The procedures for obtaining and receiving medication will be covered in more detail within Unit 2.

Role of individuals who administer medication

The administration of medication involves the giving of medication to another person in line with the prescriber's instructions. Within a care home which provides personal care, only people who have received adequate training can administer medication. This is therefore a role which is delegated by the registered manager. Within a home which provides nursing care, medicines must only be administered by a registered nurse.

The administration of medication carries with it a responsibility to ensure the correct medication is administered to the correct person in the correct dose by the correct route and at the correct time.

The administration of medication also requires permission from the service user. Any member of staff who has a responsibility for administration must ensure valid consent is obtained prior to administration. This needs to be done in accordance with guidance relating to consent and in the best interests of service users. It is important that staff designated to administer medication:

- Know why the medicine has been prescribed, including the dosage, side effects and any special instructions
- Be aware of service users' needs and preferences for the administration of medicines
- Only administer medication to the person for whom it was prescribed
- Always seek advice and guidance as and when circumstances arise.

A Activity 4: Your role and the roles of others

Explain the roles of the following people in relation to the handling of medication within your workplace, or a health or social care setting you are familiar with.

a) Yourself

b) A colleague

Your role and the limitations of your role in handling medication

Your role in the handling of medication will be governed by your job description, level of experience, the training you have received and your qualifications. You must always ensure you work in a safe manner and must never handle medicines unless you have been trained to do so and have been assessed as competent by your employer. If you are unsure about your role in relation to the handling of medicines, it is essential that you check your job description and discuss your uncertainties with your manager.

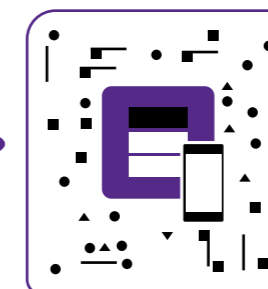
Within your current role you may assume full responsibility for the handling of medicines; however, there will always be boundaries to your role.



i Key Fact

If you are unsure about safe practices when handling medication, you must ensure you seek guidance from your line manager or designated person.

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In summary:

- Doctors, dentists and some nurses and pharmacists can **prescribe** medication
- It is the pharmacist who **dispenses** medication
- A registered manager has overall responsibility for **obtaining** and **receiving** medication, however, this responsibility may be delegated to a designated person
- A trained member of staff, registered nurse or GP can **administer** medication.

A **Activity 5: Handling medicines**

Describe any aspects of handling medicines which you cannot do within your role.

Support and information

If you are responsible for handling medication, there may be times when you need to access additional support and information. For example, you may be uncertain of how to administer certain medication; the Medication Administration Record (MAR) chart may not be very clear, or you may have made an error in the administration of medication. If you have a responsibility to handle medication, it is essential that you also know how to access support and guidance.

There are a number of people that you can call upon for support and guidance, including:

- Your **manager** may be your first point of contact if you require support and guidance, as they may have a good knowledge in relation to the medications being administered within your workplace. Your manager can also arrange for additional training if this is required.
- The **prescribing officer (prescriber)** will have in-depth knowledge of the medication they have prescribed and may be able to access drug companies if required. The prescribing officer can give advice and guidance on actions that may need to be taken.
- The **pharmacist** can give information and guidance in relation to medicines they have dispensed.

Here's another video. Make sure you can see the whole image in your lens to unlock the additional content.



Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Everyone who handles medication has a responsibility to ensure safe practices are maintained and unsafe practices are reported.

True False

2. Registered managers may delegate the role of obtaining and receiving medication to a sufficiently trained and competent member of staff who is known as a:

- Distinguished person
- Designated person
- Delegated person

3. State the **four** factors which govern the boundaries of your role in handling medication.

- 1.
- 2.
- 3.
- 4.

4. Give **two** examples of people you can go to for support when handling medication.

- 1.
- 2.

Check your answers by looking back over this section.



Congratulations, you have now completed Section 4. Please now go to your assessment and answer Q8 to Q16.

Section 5: Accessing information about medication

This section will explore the following:

- Key national sources of information
- Information supplied with medication
- Seeking information from an individual.

Key national sources of information

In addition to your manager, the prescribing officer and the pharmacist, there are a number of places where you can access information about medication used within your workplace. The main sources of information relating to medication include:

Information supplied with the medication

Information supplied with the medication will depend on its classification. Some medicines contain a Patient Information Leaflet (PIL), whilst others contain a patient safety data sheet or a summary of product characteristics. Some medicines will only contain information on the box or label.

Reference information

The British National Formulary (BNF) or the Monthly Index of Medical Specialities (MIMS) are national sources of information regarding available medicines, their recommended usage, side effects and other information useful to those working with medication.

These can be accessed online at www.medicinescomplete.com and www.mims.co.uk.

Service user information

Very often, information can be gained from service users about the medicines they are currently taking. Information should also be contained within the service user's care plan, medication profile and MAR chart.

Websites

Care must be taken to ensure websites relate to the United Kingdom. Some websites may not meet UK guidance and information in relation to dosages, and formulations may be inaccurate.

Drug companies

Most drug companies will have customer service departments who should be able to answer queries and concerns relating to their products.

Information supplied with medication

The information supplied with medication is very important. This is governed by the **Medicines and Healthcare products Regulatory Authority (MHRA)**.

Every medicine must have a Patient Information Leaflet (PIL) or a Summary of Product Characteristics (SPC). Even if medicines are given in hospital or they are dispensed into a monitored dosage system, the service user **MUST** receive an information leaflet with the medicine that has been prescribed.



i Key Fact

For those who have a visual impairment, PILs can also be provided in Braille format.

By law, the information which **MUST** be on a medication information leaflet has to include the following:

- **Ingredients** – what they contain, including the ‘active’ ingredients, the coating and the powder/liquid
- **Dosage and administration** – the strength of the medicine and frequency with which it should be taken
- **Indications** – what the medicine can be used for
- **Contraindications** – circumstances when the medicine should NOT be taken
- **Special precautions** – any special precautions that should be taken in order to ensure the medication is fully effective
- **Side effects** – any symptoms of complications which could occur as a result of taking the medicine
- **Interactions** – this includes interactions with other medication which could be dangerous or make the medication less effective
- **What to do** if the medicine is taken accidentally
- The **manufacturer’s address** and **product holders’ names** and addresses.

On the following pages you will see an example leaflet. Study it carefully and then complete Activity 6.



EXAMPLE LEAFLET**Aspirin Tablets 300mg (P) PATIENT INFORMATION LEAFLET Aspirin 300mg tablets**

Read all of this leaflet carefully before you start taking this medicine.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you. Do not pass it on to others. It may harm them, even if their symptoms are the same as yours.

1. What aspirin tablets are and what they are used for

Aspirin tablets belong to a group of medicines which have analgesic (pain relieving), anti-inflammatory (inflammation reducing) and antipyretic (temperature reducing) properties.

These tablets may be used for the relief of:

- headache, toothache, migraine, neuralgia (nerve pain), sore throat or period pains.
- symptoms of influenza, feverishness, rheumatic pains, sciatica (nerve pain of the leg/back), lumbago (lower back pain), fibrositis (muscular rheumatism), muscular aches and pains.

The tablets may also be used to prevent blood clots, especially after a heart attack or in patients with unstable angina or reduced blood flow in the brain.

2. Before you take

Do not take aspirin tablets and tell your doctor if you:

- Have an **allergy** (hypersensitivity) to aspirin, salicylates or non-steroidal anti-inflammatory drugs (NSAIDs) or other ingredients in the product. You may have developed difficulty breathing, a runny nose, itchy skin or swelling after taking aspirin or a NSAID previously
- **Have a stomach ulcer** or a history of ulcers or **indigestion**
- **Have nasal polyps** associated with **asthma**
- **Have haemophilia** or other **blood clotting** disorder, or are taking medicines to thin the blood
- **Have severe** liver, kidney or heart failure
- Are in the third trimester of pregnancy
- Are a child **under 16** years old.

IMPORTANT WARNING:

There is a possible association between aspirin and Reye's syndrome when given to children. Reye's syndrome is a very rare disease, which can be fatal. For this reason aspirin should not be given to children aged under 16 years, unless on the advice of a doctor.

Check with your doctor or pharmacist before taking aspirin tablets if you are/have:

- **asthma** or **allergies**
- **heart, liver** or **kidney** problems or **gout**
- an **overactive thyroid** gland
- **dehydration**
- **anaemia** or suffer from a deficiency of the enzyme glucose-6-phosphate dehydrogenase (G6PD). This can cause episodes of anaemia after eating certain foods such as fava beans (favism)
- systemic lupus erythematosus (SLE) or other connective tissue disease
- **elderly**
- any disorders affecting blood vessels in the brain
- received a **varicella (chickenpox) vaccination** within the last six weeks
- planning to become **pregnant**.

Taking other medicines

Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription. Especially:

- medicines to prevent blood clotting such as warfarin, dipyridamole and heparin
- metoclopramide or domperidone (to prevent sickness)
- diuretics ('water tablets') e.g. spironolactone, frusemide, acetazolamide (to treat high blood pressure)
- medicines which make your urine more alkaline such as antacids or citrates
- probenecid, sulphapyrazone (to treat gout)
- methotrexate (to treat some cancers, psoriasis and rheumatic disease)
- antidiabetics
- phenytoin or sodium valproate (to treat epilepsy)
- corticosteroids (to suppress the immune system)
- mifepristone (to induce abortion)
- other non-steroidal anti-inflammatory drugs – NSAIDs (e.g. ibuprofen or naproxen)
- medicines which can cause hearing problems (vancomycin)
- medicines to treat high blood pressure (ACE inhibitors, calcium channel blockers)

- medicines to treat depression (SSRIs)
- varicella (chickenpox) vaccine. Aspirin should be avoided for six weeks after vaccination
- herbal medicines containing ginkgo biloba.

Pregnancy and breastfeeding

Avoid taking aspirin tablets during pregnancy, especially in the last three months of pregnancy or whilst breastfeeding. Ask your doctor or pharmacist for advice before taking this medicine.

Surgery and tests

If you need to have an operation including having your teeth removed or blood and urine tests, tell your doctor or dentist you are taking this medicine.

3. How to take

Always take aspirin tablets exactly as your doctor has told you. If you are not sure, check with your doctor or pharmacist.

Avoid alcohol whilst taking this medicine.

Swallow the tablets with a **glass of water**.

Doses:

Adults, including the elderly: 1 or 2 tablets every 3 to 4 hours as required. No more than 12 tablets in any 24 hour period.

Children under 16 years old: Not recommended.

For prevention of blood clots: 1 tablet once a day.

If you take more than you should

If you (or someone else) swallow a lot of tablets at the same time, or you think a child may have swallowed any, contact your nearest hospital casualty department or tell your doctor immediately.

Symptoms of an overdose include ringing in the ears, spinning sensation, fast breathing rate, changes in some of the chemicals in the body, heart or kidney failure, fever or coma.

If you forget to take the tablets

Do not take a double dose to make up for a forgotten dose. If you forget to take a dose, take it as soon as you remember it and then take the next dose at the right time.

Do not take more than one dose in any four hour period.

4. Possible side effects

Like all medicines, aspirin tablets can cause side effects, although not everybody gets them. Please tell your doctor or pharmacist if you notice any of the following effects or any effects not listed.

Allergic reactions – runny nose, itchy, red, blotchy, blistered skin, swelling of the face, lips, throat or tongue, difficulty breathing, worsening of asthma.

Gastrointestinal system – stomach ulcers or bleeding which can be severe (you may develop bloody or black tarry stools, severe stomach pain and vomit blood), stomach irritation (mild stomach pain, heartburn and feeling or being sick) and inflammation of the liver. Deaths have occurred.

Blood – anaemia, changes in numbers and types of blood cells and enzymes seen in blood tests. If you have an increase in nose bleeds, longer bleeding time or notice that you bruise more easily or have more infections, talk to your doctor.

Kidney – changes in the amount or need to urinate.

Ears – ringing or buzzing in the ear.

Salicylism – if you take large doses for a long time you may develop symptoms of salicylism. These include: dizziness, ringing or buzzing in the ear, deafness, sweating, feeling or being sick, headache and confusion.

If you are concerned about any side effects or have any other unusual effects, tell your doctor immediately and seek advice.

5. How to store

Keep out of the reach and sight of children.

Store the tablets below 25°C in a dry place.

Do not use aspirin tablets after the expiry date stated on the label/carton/bottle. The expiry date refers to the last day of that month.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. Further information**What aspirin tablets contain**

- The active substance (the ingredient that makes the tablets work) is 300mg aspirin (also known as acetylsalicylic acid).
- The other ingredients are maize starch, purified talc (E553).

What aspirin tablets look like and contents of the pack

Aspirin tablets are white, uncoated tablets.

Pack sizes are 28 and 100 tablets.

A Activity 6: The leaflet

What information is missing from the example leaflet?

Check your answer at the end of this workbook.



Seeking information from an individual

Information concerning medicines can be obtained from the individual, however, care must be taken to ensure the information given is accurate and reliable. A service user may be able to give you valuable information relating to:

- Their medical condition and whether it is getting worse or better
- Any medicines which they have previously taken which have worked or not worked
- Any allergic reactions they may have experienced in the past
- Any previous positive or negative experiences of taking their medication
- Their preferences for taking their medication.

It is essential to ensure service users are consulted about their medication and ongoing assessment of service users' needs is essential to ensure their needs are fully supported in a manner which is person-centred.

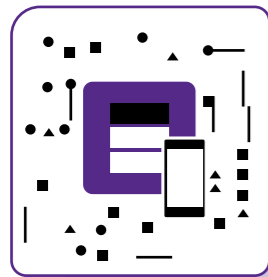
It is also important to document this information in order to build up a good knowledge base of the individual, but also to create a coherent record of the medication they are currently taking or have been taking. This will greatly assist in ensuring continuity of care as the information may be required by other members of the care team.

A person's condition can change from time to time and it is essential to establish whether a person is experiencing any changes associated with their condition or medication. If service users are not given the opportunity to discuss their medication requirements or their condition, they could continue to take medication that they may not necessarily need.



Key Fact: British Values

In a democracy, people show tolerance and respect for opinions that differ from their own. As a result, you should always ensure that service users are treated equally, regardless of their cultural or religious beliefs, and that they are given the opportunity to discuss their requirements. Lack of respect for other people's cultures and beliefs can lead to discrimination, exploitation and the denial of people's rights, which could lead to inefficient care being provided.



Don't forget to point your lens at this icon, to listen to some handy tips from your Virtual Tutor.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Explain what BNF and MIMS stand for.

2. Who governs the information supplied with medication?

3. Complete the following sentence:

It is important to make sure service users discuss their medication or condition because:

Check your answers by looking back over this section.



Congratulations, you have now completed Section 5 and Unit 1. Please now go to your assessment and answer Q17 to Q19.



What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt about medication and prescriptions. Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first five questions and then write your answer out for Question 6.

**1 – Not confident at all 2 – A little confident 3 – Confident
4 – Very confident 5 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of using different medications?	
2.	How confident do you feel in your understanding of the different classifications of medicines?	
3.	How confident do you feel in your understanding of current legislation and guidelines related to medication?	
4.	How confident do you feel in your understanding of your role and the role of others in the medication process?	
5.	How confident do you feel in your ability to access information about medication?	
6.	How do you feel your knowledge has improved since starting this unit?	

Answers to activities

Activity 1: Generic and brand names

Generic name	Brand name
Furosemide	<i>Lasix</i>
<i>Paracetamol</i>	Calpol
<i>Ibuprofen</i>	Ibuleve
Fluoxetine	<i>Prozac</i>
<i>Warfarin</i>	Marevan
Lactulose	<i>Duphalac</i>
Chlorphenamine	<i>Piriton</i>
<i>Ranitidine</i>	Zantac
<i>Amoxicillin</i>	Amoxil

You may have made a note of other popular brand names.

Activity 2: John

1. The bacteria continue to thrive
3. The bacteria become resistant to the antibiotic
4. The bacterial resistance leads to further, potentially more dangerous infections

Activity 6: The leaflet

The information that is missing from the example leaflet is:

- The ingredients
- The manufacturer's address.

Key Skill Answers

Key Skill: Maths

Page: 9

Answer: 10 times

Explanation: $24 \div 12 = 2$
 $5 \times 2 = 10$

Learning Outcomes

1. Understand the use of different types of medication.

1.1 Identify the different types of medicines available and why they are used

1.2 Describe the different routes by which medicines can be administered.

2. Understand how medicines are classified.

2.1 Describe the following classifications of medicine:

- General Sales List (GSL)
- Pharmacy (P)
- Prescription Only Medicines (POM)
- Controlled drugs.

3. Understand legislation and guidelines related to medication.

3.1 Outline the key points of current legislation and guidance relating to medication

3.2 Outline the consequences of not following relevant legislation and guidance.

4. Understand the roles of self and others in the medication process.

4.1 Outline the roles of self and others in the process of:

- Prescribing medication
- Dispensing medication
- Obtaining and receiving medication
- Administering medication

4.2 Identify the limitations of own role in relation to the medication process

4.3 Identify ways to get support and information in the workplace related to medication.

5. Know how to access information about medication.

5.1 Identify the key approved national sources of information about medication

5.2 Describe the information which should be supplied with medication

5.3 Describe why it is important to seek information from the individual about their medication and condition.

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Upon successful completion of this qualification, learners will be awarded the following*:
NCFE CACHE Level 2 Certificate in Understanding the Safe Handling of Medication
in Health and Social Care (601/3404/5)

TQUK Level 2 Certificate in Understanding the Safe Handling of Medication in Health and
Social Care (RQF) (603/3217/7)

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