the skills network

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

## Unit 2

## 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.

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**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 two**, which contains **one** unit:

### Unit 2: Supply, storage and disposal of medication

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.



Understanding the Safe Handling of Medication in Health and Social Care

# Unit 2: Supply, storage and disposal of medication

**Welcome to unit two.**

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

**Section 1: How medicines are supplied and obtained**

**Section 2: Storing medication**

**Section 3: Safe disposal of medication**

## Section 1: How medicines are supplied and obtained

This section will explore the following:

- The purpose of a prescription
- Checking and recording information on receipt of medication
- Procedures for ordering, obtaining and transferring medication.

## 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 the supply, storage and disposal of medication. 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 how medicines are supplied and obtained? | |
| **2.** | How confident do you feel ordering, obtaining and transferring medication? | |
| **3.** | How confident do you feel in your ability to store medication? | |
| **4.** | How confident do you feel in your knowledge of storage requirements for different types of medication? | |
| **5.** | How confident do you feel in your ability to safely dispose of medication? | |
| **6.** | What are you hoping to learn in this unit? | |





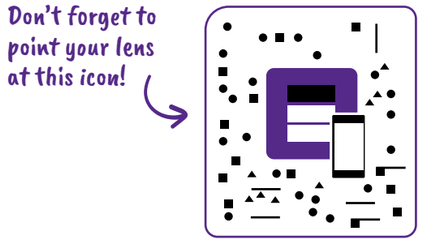
## The purpose of a prescription

**The purpose of a prescription is to provide a written instruction for a pharmacist to dispense medication.**

There are strict legal controls surrounding the writing of prescriptions. In order to meet the legal requirements a prescription must be written or printed in indelible ink on a secure prescription form. These forms contain anti-counterfeiting features – for example, ultraviolet markings. The forms also contain serial numbers which are specific to the prescriber. This means that each prescription can easily be traced.

Prescriptions can only be written by people who are authorised to write them. There are two levels of prescribers within the United Kingdom. These are known as:

1. Independent prescribers
2. Supplementary prescribers.

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Scan the icon here to listen to a handy tip from your Virtual Tutor.

### Independent prescribers

Independent prescribers are able to assess an individual's health condition and make a clinical decision about how to manage it, including the prescribing of medication. Independent prescribers include:

| | |
|---|---|
| **Doctors** | Most commonly General Practitioners (GPs) and hospital doctors. |
| **Dentists** | Dentists are authorised to prescribe medication for conditions relating to the mouth or teeth. |
| **Some nurses** | Nurse independent prescribers can prescribe any medicine for any medical condition within their competence, including controlled drugs from Schedules 2–5, with the exception of diamorphine, cocaine and dipipanone for the treatment of addiction, although nurse independent prescribers are permitted to prescribe other controlled drugs to aid in the treatment of addiction. |

| | |
|---|---|
| **Some pharmacists** | Pharmacist independent prescribers can prescribe medication for any medical condition within their competence, including controlled drugs from Schedules 2–5, with the exception of diamorphine, cocaine and dipipanone for the treatment of addiction, although pharmacist independent prescribers are permitted to prescribe other controlled drugs to aid in the treatment of addiction. |
| **Some physiotherapists** | Physiotherapists that can prescribe can do so for any medical condition within their competence. |
| **Some podiatrists** | Podiatrists who are independent prescribers can prescribe medicine for conditions that affect the feet, ankle or lower leg, including some controlled medicines for specific medical conditions. |
| **Optometrists** | Optometrist independent prescribers can prescribe medicine for conditions that affect the eye and surrounding tissue, but cannot prescribe any controlled medicines. |

Here's your first video. Point your lens at the whole image to unlock the video content!

### Key Fact

**Nurses, pharmacists and optometrists must undertake accredited training to enable them to become independent prescribers.**





## Supplementary prescribers

Supplementary prescribers are responsible for working alongside independent prescribers to fulfil the requirements of a clinical management plan agreed by the independent prescriber and the service user.

Supplementary prescribers include:

- Some nurses
- Some pharmacists
- Some podiatrists
- Some physiotherapists
- Radiographers
- Some optometrists.

In all cases, supplementary prescribers must have undertaken extended training to enable them to fulfil this role.

## Contents of a prescription

By law, prescriptions should contain the following information:

- The **prescriber's name, practice address, telephone number** and **job role**
- The **prescriber's signature**
- The **date** the prescription was issued
- The **service user's full name**, **address** and **date of birth** – for children under the age of 12 years, their age should also be stated
- The **generic name** of the prescribed medication
- The **route** by which the medication should be taken
- The **dose of the medication** and the **frequency** with which it should be taken
- If the medication is to be taken 'as required', **the prescription should specify a minimum dose interval**.

If any of this information is missing, the pharmacist will return the prescription back to the prescriber for rectification before dispensing the medication. This could hold up the dispensing of medication, and therefore delay important treatment. It is important that all prescriptions are checked prior to them being forwarded to the pharmacist. However, the ultimate responsibility for checking the prescription, to ensure it is correctly written, lies with the pharmacist.

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### Activity 1: Prescriptions

**Whilst maintaining confidentiality, take a look at any prescriptions that are held within your workplace. Make a note of all the information contained within the prescriptions.**

**Is all of the information present?**

When the pharmacist dispenses medication against an authorised prescription, the container in which it is supplied must be clearly labelled. The label must repeat the instructions as prescribed and should detail the following information:

- The service user's **full name**
- The **date** of dispensing
- The **name of the medicine**
- The **dose and frequency of doses** (how much to take and how often it should be taken)
- The **route** by which the medicine should be taken
- Any **special instructions** to consider when taking the medication (for example, 'take with food' or 'take on an empty stomach')
- Any **warnings or cautions** (for example, 'may cause drowsiness')
- Any **extra instructions** (for example, 'shake the bottle', 'for external use only', 'store in a cool place', etc.)
- The **name and address of the pharmacy**
- The **use-by date**
- The **total quantity** of medicines within the container
- **Directions for use** and **how to store**
- The wording **'keep out of reach of children'** (this is a legal requirement).





## Checking and recording information on receipt of medication

Within the United Kingdom, there is a statutory requirement to keep records in relation to the receipt of medication.

All medicines received within your workplace must be checked and fully documented by the manager or designated person as soon after receipt as possible.

The purpose of checking medication is to ensure the medication which has been dispensed is the same as the medication which was prescribed. Some pharmacists will also provide a pre-printed Medication Administration Record (MAR) chart, and it is important to check that the dispensed medication also matches the information given on this.

Details which should be specifically **checked** include:

- Name of the medication is the same as that on the prescription/MAR chart
- Quantity received is the same as that on the prescription/MAR chart
- Strength of the medication is the same as that on the prescription/MAR chart
- Form of medicine is the same as that on the prescription/MAR chart
- The medication contains the correct service user's name.

Whilst checking in the medication, a record must be made to evidence the medication received. Documentation may consist of service user records, care plans, MAR charts, controlled drug registers and order requisitions.

On receipt of medication, the following information must be **recorded** on the MAR chart:

- Date of receipt
- Name, strength and dosage of medication
- Total quantity received plus any carried over from the previous prescription renewal
- Name of service user to whom the medication has been prescribed
- Signature of the member of staff who received and checked the medication.

There may be occasions when an authorised member of staff is required to handwrite an MAR chart. Under these circumstances, great care must be taken to ensure the information is legible and accurately transferred.

In order to ensure the safest practice, handwritten entries should ideally be checked and countersigned by a second authorised person.

## Key Fact

**It is important to ensure any medicines received are checked carefully against the prescription and cross-referenced with the Medication Administration Record (MAR) chart.**

**This is a process which should never be rushed.**

**If any discrepancies are identified at this stage, they must be reported back to the pharmacist immediately. Under no circumstances should discrepancies ever be ignored.**

## Activity 2: Checking and recording medication

**Discuss the procedure for checking and recording medication within your workplace or a care setting you are familiar with.**

**If possible, observe the designated person as medication is being received and checked into the workplace. Take the opportunity to observe the checks that are being made and the information that must be recorded. Use the space below to make any notes about your observations.**

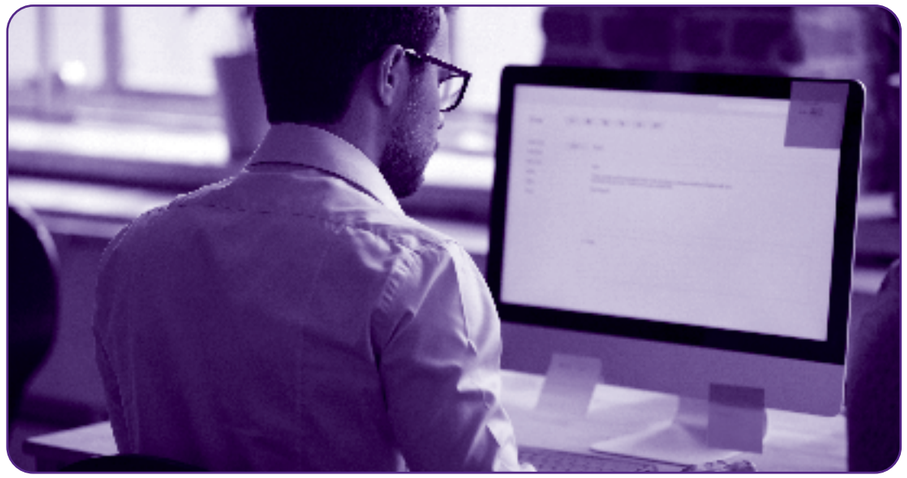




## Key Skill: English

**You have been tasked with creating a poster that advises new starters in your workplace/care setting on how to check in and record medication.**

**Use the space below to plan what you would include in this poster, making sure that your spelling, grammar and use of punctuation is correct.**



## Procedures for ordering, obtaining and transferring medication

Your organisation should have a policy which details the procedures which must be followed when ordering, obtaining and transferring medication. It is essential that you are familiar with the content of your workplace policy and that you adhere to the procedures as set out in your policy at all times.

### Prescription renewal

As has already been established, Prescription Only Medication (POM) can only be supplied by a pharmacist on receipt of a valid authorised prescription. Prescriptions can be issued as repeat prescriptions or as acute (one-off) prescriptions.

Many service users take medication on a long-term basis, especially if they have ongoing medical conditions. However, service users are not always required to visit their General Practitioner (GP) every time they need a new supply of their ongoing medication.

Practices for the renewal of prescriptions do vary between organisations. It is essential that you follow correct procedures according to your local policy.

The renewal of regular prescriptions is an important part of the medication management process. Within a care home this process must only be undertaken by the registered manager, or a person who has been designated by the registered manager.

There are many factors which need to be taken into consideration when renewing prescriptions. Before reordering medication, thought should be given to:

- **The timing of the renewal** – sufficient time must be allowed for the processing of the requested prescription, collecting/receiving the prescription, checking of the prescription and forwarding the prescription to the pharmacist
- **Existing stock levels** – this is important to ensure medication does not become overstocked
- **The quantity needed for the next cycle** – it is essential to ensure sufficient medication is ordered so that service users have enough to see them through to the next cycle
- **The expiry date of current medication** – it is important to ensure out of date medication is not being stocked, or medication will not expire mid-cycle, as this could accidentally be administered to service users.





When a further supply of medication is required, the following procedures should generally be followed:

1. The registered manager or designated person initiates the order of the prescriptions. When completing a prescription request form, the responsible person must refer back to the Medication Administration Record (MAR) chart to ensure any recent changes to medication are reflected on the reorder request form. Prescriptions requested for continuous treatment are usually written for cycles of 28 days, and the request for prescription renewal should be made towards the end of the first week.
2. The form is then forwarded to the appropriate General Practitioner's (GP's) surgery. The prescribing officer will then authorise a prescription for the requested medication.
3. Depending on your local policy and agreement between the prescribing officer, care organisation and the pharmacy, the prescriptions may either be forwarded directly to the pharmacy, or returned to your care organisation. If the prescriptions are returned to the care setting, the responsible person will check them to ensure all the details have been entered correctly. If a discrepancy is identified at this stage, it should be referred back to the prescribing officer for rectification. The prescriptions should then be forwarded to the pharmacy for dispensing by day 14 of the cycle.
4. Prior to dispensing the medication, the pharmacist will double-check the prescriptions.
5. The way in which your care setting receives medication will depend on the local policy and agreement. In some cases, the medication will be prepared for collection, and in others the pharmacy will deliver the medication directly to the care setting.

Once the medication is received within the care setting, the registered manager or designated person must:

- Check the medication is the same as that ordered on the prescription
- Report any discrepancies to the pharmacist and take action to ensure all medication is available for day one of the new cycle
- Record receipt of the medication
- Ensure the medication is stored securely and in line with the manufacturer's instructions (see Section 2).

## PRN medication – ‘as and when required’

PRN is an abbreviation of the Latin term ‘pro re nata’. This simply means ‘as and when required’. This term is commonly used to identify medications that can be taken as and when a service user requires it. This gives the individual flexibility and means the medication does not need to be administered at a specified time. The most common types of PRN medications are those which are used to treat conditions which occur intermittently – for example, pain or seizures.

If PRN medication has been prescribed for a service user, it is essential to have very clear guidelines drawn up by the prescribing officer. The guidelines should indicate:

- Under what circumstances the medication should be administered
- How much of the medication can be administered within specified time frames
- The actions to take if the medication does not have its desired effect
- Any notes specific to the individual – for example, contraindications or expected side effects.

### Ordering and obtaining PRN medication

‘As and when required’ (PRN) medications can be ordered on a repeat prescription along with the long-term medications the individual is taking. However, care needs to be taken to ensure PRN medications are not ordered unnecessarily. If PRN medications are taken infrequently, there may be some left over at the end of the cycle.

If PRN medication is to be carried over to the next prescription, it is essential that expiry dates are checked to ensure medication will not expire mid-cycle.

As long as the medication is still being prescribed at the same dose and frequency, and there is enough medication to last until the next cycle, it is acceptable for these medications to be carried over to the next month. If these medicines are reordered every month, stock levels could soon become excessive.





## Obtaining medication in an emergency

Medication that is normally taken by service users should be readily available as prescribed. There may, however, be times when medication needs to be obtained in an ‘emergency’. This may occur when a prescription is written for a medicine that the service user has not had before, or does not take on a regular basis. These types of medications are likely to be prescribed as a **‘one-off’** prescription if the individual develops a new health problem. This may result in a visit to the individual’s doctor, or the doctor may visit the individual at home.

The doctor may issue a ‘one-off’ prescription for medication which will need to be administered with immediate effect. These types of prescriptions are sometimes referred to as **‘acute prescriptions’**. One example of an acutely prescribed medication is a course of antibiotics, perhaps to treat a Urinary Tract Infection (UTI).

Under these circumstances it is essential that you follow your organisation’s policy for dealing with acute prescriptions. The Royal Pharmaceutical Society emphasises the importance of ensuring acute supplies of medication are started as soon as possible, and at least within 24 hours.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If the prescription has been written out of pharmacy hours, for example at night, or at the weekend, the doctor may supply the first few doses of the medication. The prescription must then be forwarded to the pharmacy at the earliest opportunity. There are a number of ways that the medication can be obtained out-of-hours:

- Details of pharmacists that are open within the local area can be obtained by accessing the NHS pharmacy service. This service can also provide details of the nearest NHS walk-in centre that may also dispense medication after consultation.

  Search online **www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10**

- NHS 111 can be contacted free of charge via a landline or mobile by dialling 111. This service will provide details of the nearest pharmacist that is open to provide the necessary medication.

- The GP practice will have details of their out-of-hours service recorded on their answering machines, which may also assist in finding an out-of-hours pharmacist.

The medication details must be transferred onto the service user's MAR chart by the designated person as soon as it is received within the organisation.

### Key Fact

**It is important to note that medication prescribed for an individual can only be used specifically by them. Under no circumstances must you ever use medication that has been prescribed for one person for another, even if the medication is the same.**

**This is what is known as service user specificity. Even if another individual has the same illness, condition or symptoms, the medicine that is prescribed for one service user may not be suitable for another because of:**

- **Interactions with other medication**
- **Age or weight of the service user**
- **Allergies**
- **Other health problems the service user may have.**

**It is important to be aware that it is unlawful to use a service user's medication for another person even if they have been prescribed the same medication.**





## Transferring medicines between care settings

There may be situations when a service user needs to be transferred to an alternative care setting. The transfer may be temporary, or it may be permanent. For example, an individual may be transferred to:

- A hospital
- A home providing personal care/nursing care
- A hospice
- Their own home.

Your organisation will have a policy which must be followed when transferring medication from one setting to another. In order to ensure a seamless continuation of care, it is essential that the individual's medication is sent with them to the new care setting.

The new care setting may not have all of the individual's medication in stock and it is important to ensure the individual can receive their medication at the prescribed times. It is also important that a copy of the MAR chart is sent with the individual in order to ensure that the new care setting is aware of the medication that has been taken and which still needs to be administered.

As soon as a transfer date is confirmed, communication between the General Practitioner, pharmacist and the care facility is essential to ensure all medication is available for the transfer. The General Practitioner (GP) should be informed so that any outstanding prescriptions can be issued if required. The pharmacist should be informed in order that arrangements can be made for outstanding medication to be dispensed into suitable containers.

When a service user is transferred to a new setting, a record must be made of the medications that are sent with the person. The records should detail the:

- Name of the service user
- Date of transfer
- Name of medication, form and strength
- Quantity of medication being transferred
- Details of any special instructions regarding the medication
- Signature of the member of staff arranging the transfer
- Signature of the member of staff who received the medication at the point of transfer.

### 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. Give three examples of independent prescribers.**

**1.**

**2.**

**3.**

**2. Explain how handwritten records on an MAR chart should be checked to ensure safe practice.**

**3. What four factors should be taken into consideration before renewing a prescription?**

**1.**

**2.**

**3.**

**4.**

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 to Q8b.**





## Section 2: Storing medication

This section will explore the following:

- The requirements for storing medications in different care settings
- Supporting individuals to store medication securely for self-administration
- Storage requirements for different types of medication
- How medicines awaiting disposal should be stored.

## The requirements for storing medications in different care settings

Once medication has been checked and recorded, it must be stored according to the requirements of the care setting. If you are responsible for this role, you must ensure that all medication is stored according to:

- Your organisation's policies and procedures
- Current legislation, regulations and guidelines
- Instructions issued by the manufacturer.

### Organisational policies and procedures

It is the responsibility of the registered manager to ensure your workplace has an adequate policy relating to the storage of medication. This policy should set out the procedures for the safe storage of medication and should be written in line with current legislation, regulations and guidelines. All care workers have a responsibility to ensure they work in line with this policy at all times.

### Current legislation, regulations and guidelines

Legislation, regulations and guidelines governing the safe storage of medication include:

- The Health and Safety at Work etc. Act 1974
- The Control of Substances Hazardous to Health (COSHH) Regulations 2002
- The Health and Social Care Act 2012
- The Human Medicines Regulations 2012
- The Misuse of Drugs (Safe Custody) Regulations 1973 (as amended 2007)
- The Misuse of Drugs Regulations 2001
- Nursing and Midwifery Council Guidelines
- Royal Pharmaceutical Society Guidelines
- Care Quality Commission Guidelines
- The Care Act 2014.

## Instructions issued by the manufacturer

Manufacturers' instructions specify the requirements to ensure medication is stored without compromising its effectiveness. Manufacturers' instructions give guidance on:

- **Temperature** – Most medicines can be stored at room temperature (below 25°C) but some need to be kept cool in a refrigerator (between 2°C and 8°C)
- **Light** – Some medicines deteriorate in direct sunlight and need to be kept in the dark
- **Standard precautions** – All storage areas must be kept clean and tidy and containers should remain closed. Hygiene measures and personal protective equipment (PPE) must also be applied where appropriate
- **Expiry dates** – Medicines must not be stored beyond their shelf life date.

**It is essential that all medicines are stored in accordance with the manufacturer's instructions.**

Scan the image

### Are you using the Equal App?

**Once you have unlocked each video, you can access all unlocked videos in the 'My Courses' area of your app and watch them again.**





### Key Skill: Maths

**A medicine that needs to be kept refrigerated is left out on the side. It reaches 24°C, but should be kept at around 6°C. How many degrees does the medicine need to be cooled down by?**

**Use the space below to make notes.**

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

### Key Skill: Behaviour and attitudes

**Imagine that a colleague is continuously storing medication incorrectly by not following the manufacturer's instructions. How would you go about trying to resolve this?**

**Consider your tone of voice, body language, and what you would say/do.**

## Key security

Whilst considering the storage requirements of particular care settings, it is also important to think about key security. Whilst medications may be locked away in a designated room, cabinet, cupboard or trolley, they will only be secure if the keys to those storage areas are kept safe.

Keys for medicine storage areas must therefore be kept separate from the master keys for the care setting and access to medication storage keys must be restricted to individuals who are authorised to access the storage areas.

The medication keys should be kept with the designated person. This is the person who will be accountable for the medication for the period of their shift. At the end of the shift, the keys should be handed over to the designated person on the next shift. Medicine storage keys must never be left unattended.

Individuals who are authorised to access medication storage areas within a care setting include:

- Regulatory body inspectors
- The registered manager
- The designated person
- Internal auditors
- The contracted pharmacist.





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### Activity 3: Procedure

**Think about procedures for storing medication in your own workplace or a care setting you are familiar with, and answer the questions below in the spaces provided.**

**a) What are the procedures for key security within your workplace?**

**b) Who can access medication stores within your workplace?**

!

### STOP AND THINK!

**Make a note of why you think it is important to understand the procedures for key security and access to medication within different care settings.**

## Requirements for the storage of medicines in clinical settings

All clinical settings must have systems in place to ensure medication is stored securely. The important factors in the storage of medication within clinical settings are security, temperature control, special storage instructions and a need to comply with the law.

### Non-controlled medication in clinical settings

Within clinical settings, stock medication may be stored within a **clinical room**. This is a dedicated lockable room for storing medication. This lockable room must be temperature controlled and must not be accessible from the outside, either from a door or a window. If the room does have a window, it should be fitted with a suitable securing device.

Some clinical settings store medication within a **medicine trolley**. These are common within a hospital environment. Medicine trolleys must keep the medicines for each service user separate. The trolley should be large enough to allow all medicines to be locked away inside, so they may not be suitable if a bulky monitored dosage system is used. When not in use, the trolley must be fixed to a wall or stored in the locked designated storage room.

Non-controlled medication may also be stored within a **designated medicine cupboard**. Medicine cupboards must be of a suitable size and be fitted with a good quality lock. It is essential that this cupboard is locked when not in use. When it is in use, it should never be left unattended. Only medicines should be stored in the cupboard; it is not acceptable to store other items in them.

Some non-controlled medication may need to be stored below room temperature, so will require refrigerated storage. This should be a **designated refrigerator** and the temperature must remain within the limits of 2°C to 8°C.

### Controlled medication in clinical settings

The Misuse of Drugs (Safe Custody) Regulations 1973 (as amended 2007) apply specifically to the storage of controlled drugs. These regulations set out the requirements for **controlled drugs** to be stored within a **locked safe or cabinet**. Within clinical areas, controlled drugs must be stored in accordance with the Misuse of Drugs (Safe Custody) Regulations 1973 (as amended 2007).





These regulations state that if controlled drugs from Schedules 2 and 3 are kept on the premises, the cupboard must meet specific requirements. The cupboard must:

- Be of a specific gauge and have suitable hinges
- Be fixed to a solid wall which has a steel plate mounted behind it
- Be secured to the wall using rag bolts
- Have a double locking mechanism.

In addition, stock levels should be kept to a minimum, the keys should be kept separate from the cabinet and an authorised person should take responsibility for them. The cabinet should not be accessible to unauthorised people. Controlled drugs from Schedule 2 must be recorded within a controlled drugs book.

## Requirements for the storage of medicines in residential care settings

As with clinical settings, all residential care settings must have systems in place to ensure the secure storage of medication. These systems must also take into account **security, temperature control, special storage instructions** and a need to **comply with the law**. Unlike clinical settings, residential care settings are not permitted to keep a stock of medication. All medication must be specifically ordered for a particular service user.

### Non-controlled medication in residential care settings

Within residential care settings, medication is ordered for each individual service user. Where risk assessment indicates, this medication can be kept within a service user's own room. This is essential when individuals choose to take care of their own medication. However, if medicines are stored centrally, the storage area must be big enough to store them all.

In these cases, non-controlled medication can be stored in a lockable storage room, a medicine trolley or designated medicines cupboard. The requirements for each of these are the same as with clinical settings, as described on the previous page.

**Key Fact**

**Some non-controlled medication may need to be stored below room temperature, so will require refrigerated storage. This should be a designated refrigerator and the temperature must remain within the limits of 2°C to 8°C.**

**Controlled medication in residential care settings**

In residential care homes, controlled drugs must be stored in cupboards which meet the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 (as amended 2007), unless the service user takes responsibility for their own medication.

These regulations state that if controlled drugs from Schedules 2 and 3 are kept on the premises, the cupboard must meet specific requirements. These requirements are as previously described for clinical settings.

## Storage of medication within domiciliary care settings

Domiciliary care refers to care which is provided within a person's home.

When care is provided within a person's home, he or she should be able to choose where to store medication. However, policies must still be adhered to and medication must be stored in a secure manner and in accordance with the manufacturer's instructions.

A risk assessment should indicate the level of support required by the individual, which may identify a need for guidance surrounding the safe storage of medicines.

**Controlled medication in domiciliary care settings**

There are no specific requirements for controlled drugs to be stored in a controlled drugs cupboard within a domiciliary care setting. A risk assessment will indicate the level of support required by the service user. Because of the potential for misuse, the service user must be made aware of the need to store controlled drugs in a secure manner. Sensible precautions are essential to ensure controlled drugs are not misplaced or stolen.

**C**

### Case Study: Charlie comes home

**Charlie has come home after a short stay in a nursing home. He has been prescribed a variety of medication, including some which need to be stored in a refrigerator.**

**He is pleased to be back home but soon becomes confused, especially with how his medication needs to be stored.**

**His support worker notices that all of Charlie's medication, including those that should be refrigerated, are being stored on top of the television.**





**A**

### Activity 4: Charlie

**Explain the steps the support worker should take to ensure medication does not become compromised.**

## Storage of medication within a day care setting

Individuals who attend day care services may not need to take medication at all whilst attending the day care service. For example, a person who takes medication twice a day may take their medication before attending the service and again on their return home.

Some people who attend day care services may, following a risk assessment, be able to take care of and administer their own medication. Others may require differing levels of support. It is therefore essential that your organisation has a clear policy which details how individuals who attend day care services are supported with their medication. Some day care services may prefer to have medication sent in on a daily basis, whilst others may prefer medication to be sent in on a weekly basis.

Day care centres must have facilities to store medication that is brought into the centre. However, the decision of where to store the medication should take into account the size of the establishment and the nature of the medicines to be stored.

Irrespective of the system in use, all medicines stored within a day care centre must be stored in packages/containers as dispensed by the pharmacist or doctor which record:

- The name of the person
- The name of the medication
- The prescribed dosage
- The frequency of administration
- The quantity
- The date when the medicine was dispensed.

**Controlled medication in a day care setting**

Within a day centre facility, the storage of controlled drugs should comply with the Misuse of Drugs (Safe Custody) Regulations 1973 (as amended 2007). Therefore, controlled drugs for individuals who are not self-medicating must be stored in a locked cupboard/safe which is made of metal to a defined gauge, with suitable hinges, a double locking mechanism and fixed to a solid wall or floor with rag bolts. The security of the location must also be considered to reduce the risk of unauthorised access. People who are self-medicating must be able to store their controlled drugs in a lockable cupboard.

## Storage of medication within a non-care setting

Within a non-care setting, for example, a school, the head of the school is responsible for ensuring medications are stored correctly and securely. The school or young people's service must have a policy relating to the safe storage of medication. A document entitled ***Managing Medicines in Schools and Early Years Settings*** stipulates that large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child.

Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which they were dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

All emergency medicines, such as asthma inhalers and adrenalin pens, should be readily available to children and should not be locked away. Many schools and settings allow children to carry their own inhalers. Other non-emergency medicines should generally be kept in a secure place not accessible to children. Criteria under the national standards for the day care of children under eight years of age require medicines to be stored in their original containers, clearly labelled and inaccessible to children. Where medication needs to be refrigerated, they can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access should be restricted.





There may be times when a child is prescribed a controlled drug, for example Ritalin. As Ritalin is a controlled drug, it should be stored in a locked cabinet or drawer in a part of the school to which pupils do not have unsupervised access. Only named members of school staff should have access. The child's support plan (which should include the name of the child and information about the dose to be taken) should be stored with the medicine.

If you work in a health or social care setting, there may be times when medication needs to be stored away from the care setting, for example, when a service user goes on a day trip, or on holiday. Under these circumstances, the same principles for safe storage apply. Forward planning is essential and advice should be sought from the pharmacist in advance. If the environment being visited does not have a lockable facility, alternative arrangements may need to be put in place – for example, a lockable case or tin.

A risk assessment must be undertaken and should identify the control measures required when storing medicines away from the care environment.

**Controlled medication in a non-care setting**

There are no specific storage requirements for controlled drugs within a non-care setting. Again, sensible precautions are essential in order to ensure controlled drugs are not stolen or misplaced.

In all cases, when storing medication within a non-care setting it is important to consider:

- **Manufacturers' instructions** – to ensure medication is stored at the correct temperature and in the correct conditions
- **Security** – to ensure medication is not misplaced or stolen.

### A Activity 5: Storing medicines in your workplace

**How are medicines stored in your workplace? Do you have any concerns about the way the medicines are stored?**

## Supporting individuals to store medication securely for self-administration

Service users should be encouraged to take responsibility for their own medication where possible. However, a risk assessment must be undertaken in order to assess the person's ability to take care of their own medication. The risk assessment must be reviewed on a regular basis in order to ascertain any changes in the service user's needs or abilities.

Individuals who have been assessed as able to manage their own medication must be provided with a lockable facility in which to store their medication. This may be a lockable cupboard or drawer within the bedroom. The service user takes responsibility for the safe keeping of the key. Care staff may only access the storage facility with the consent of the service user.

## Storage requirements for different types of medication

When medication is received within your organisation, careful thought and consideration must be given to how and where the medication will be stored. Special storage requirements are indicated in order to ensure the medicinal properties of medicines are not affected. It is therefore essential that all medication is checked for any special storage instructions relating to temperature and light in order to ensure it does not deteriorate.

If manufacturers' instructions are not followed and medicines are not stored correctly they may:

- Become inactive
- Become less effective
- Expire much sooner than expected
- Become contaminated with harmful bacteria
- Cause harm to the service user.

The majority of medicines can be stored at room temperature, however, there are some which have specific storage requirements to ensure that the medication works as intended. Failure to store medication in the correct manner may alter its properties.





Below are some examples of the most common forms of medication, and the ways in which they should be stored:

| | |
|---|---|
| **Capsules** | Should not be stored above 30°C, and should be within their original packaging to protect them from moisture. |
| **Creams** | Generally, creams should not be stored above 25°C. Some creams require refrigeration, such as daktacort cream. Medication that requires refrigeration needs to be kept between 2°C and 8°C. Aqueous cream can be stored at room temperature. |
| **Inhalers** | Inhalers should be stored in line with the manufacturer's guidelines, in a cool, dry place, away from direct heat and light. |
| **Liquids** | Liquid medication should be stored below 25°C, in a cool, dry place that is out of direct sunlight.<br>Some liquid medications may need to be refrigerated. Liquid formulations, for example, syrups and suspensions, can support the growth of microorganisms, therefore the manufacturer's guidelines with regards to storage should be followed at all times. Refrigerating liquid medication helps to ensure its medicinal properties are not altered.<br>An example of a liquid medication that requires refrigeration is cephalexin, a liquid antibiotic.<br>Liquid eye drops, for example chloramphenicol, need to be refrigerated.<br>Insulin, prior to opening, requires refrigeration. |
| **Tablets** | Can be stored at room temperature unless the manufacturer's instructions indicate otherwise. Tablets should be stored in their original packaging in order to protect them from moisture. |
| **Suppositories** | Suppositories should be kept in a cool, dark place, away from direct heat and light, unless specifically advised to refrigerate. If the suppository is to be refrigerated, it should be allowed to return to room temperature before use. Heat will cause the suppository to melt. |
| **Transdermal patches** | Transdermal patches should be stored in the protective sheath they are supplied in, and kept at temperatures below 25°C. Again, manufacturers' instructions should be followed at all times. |

Some medicines need to be protected from direct sunlight and will be packaged accordingly. Special precautions must be taken to ensure these medications are not unnecessarily exposed to sunlight, as this can alter their medicinal properties. Examples of medicines which need to be stored out of direct sunlight include:

- **Ventolin syrup**: This is a liquid medication used for adults and children who are unable to use an inhaler device. It is supplied in an amber glass bottle to prevent it from degrading at a rapid rate, which would render the liquid unsafe to use.
- **Sodium valproate**: Epilim, a brand name for this medication, can be supplied in tablet form, and is used in the treatment of generalised, partial, or other epilepsy. This medication is supplied in foil blister packs and should not be removed from the foil until the immediate moment of use. Blister strips should never be cut.
- **Midazolam**: This is a solution used for injection as a sedative before medical procedures, and is dispensed in clear glass ampoules. The container needs to be stored in its outer carton to protect the medication from light.

### Key Facts

- **Always use medications as directed by the prescriber**
- **Always follow manufacturers' instructions with regards to storage to ensure that the medicinal properties of medication are not affected**
- **Always ensure medication is stored in its original container or packaging.**

### Activity 6: Medication in your workplace

**Take a look at the different medications being stored within your workplace. Do any of them have any special storage requirements?**



Understanding the Safe Handling of Medication in Health and Social Care

## How medicines awaiting disposal should be stored

Medication that is awaiting disposal needs to be stored separately from medication that is in current use. This is to help reduce risks associated with accidental administration.

The medication, before it is returned to the pharmacy for disposal, also needs to be stored securely, as it is still potentially open to being misused and stolen. All care establishments must provide a clear audit trail that details what happens to all medication.

### Nursing care providers

Medication that is due to be collected by a waste disposal company must be kept in a secure waste container that the company licensed to collect the pharmaceutical waste will have provided. This container must be separate from that used to store medication that is in current use. The waste container must be stored securely, with storage arrangements being risk assessed and appropriate to the medication that is being returned. A clear audit trail must be provided, and a record of the disposal must be kept by the care provider, including:

- Date of disposal
- Name of the resident
- Name, form of medication, strength and quantity of the medication being disposed of.

Controlled medication can only be disposed of through a licensed waste company that has a licence to transfer medication and controlled drugs for disposal. The medication must be denatured before it is collected. We will look at the denaturing process (the process that renders the controlled drug unusable) shortly.

### Care providers

Medication that is due to be disposed of will be collected by the pharmacist, preferably the dispensing pharmacist, under the Hazardous Waste Regulations 2005. The security of the medication must be maintained at all times, and it should be stored in a clearly labelled container and kept separately from medication that is in current use. Again, a clear audit trail must be provided to include:

- Date of disposal
- Name of the resident
- Name, form, strength and quantity of the medication being disposed of.

## Domiciliary care setting

In a domiciliary care setting, the service user whose medication is to be disposed of should be encouraged to return the medication to the dispensing pharmacist. The medication still needs to be stored securely and away from medication that is presently being used.

### Key Fact

**All care organisations have a statutory requirement to record the disposal of medication – a clear audit trail must be provided to show where and how the medication has entered the setting and has left it to be disposed of.**

### Activity 7: Disposal of medication in your workplace

**Think about the types of medication you have in your workplace that are due to be disposed of. How are they stored within your setting? What does your medication policy state about storage of these medications?**





### 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. The manufacturer's instructions do not apply to the storage of medication within a domiciliary care setting.**

**True** ○ **False** ○

**2. Service users should never be allowed to take control of their own medication.**

**True** ○ **False** ○

**3. Explain how creams should be stored.**

**4. Explain why there must always be a clear audit trail for the disposal of medication.**

Check your answers by looking back over this section.

**Congratulations, you have now completed Section 2.**
**Please now go to your assessment and answer Q9 to Q13.**

## Section 3: Safe disposal of medication

This section will explore the following:

- Why medication needs to be disposed of
- Safe and secure disposal of medicines and equipment in various care settings
- The importance of disposing of medicines and equipment in line with agreed procedures.

## Why medication needs to be disposed of

There are many reasons why medication will need to be disposed of. This includes medication which:

- Has been prescribed for a service user who has died (under these circumstances, medication must be kept for a minimum of seven days as it may be required if there is a coroner's inquest)
- Has been discontinued by the prescriber
- Has been refused by the service user
- Has expired
- Has been dropped or soiled
- Is no longer approved or has been recalled
- Has been stored incorrectly
- Has been changed by the prescriber.

Scan the image





## Safe and secure disposal of medicines and equipment in various care settings

### Nursing care settings

**Non-controlled medication**

In accordance with the Hazardous Waste Regulations 2005, care homes offering nursing care must dispose of their waste medication through a waste disposal company which holds a waste management licence. This is because medicinal waste from care homes offering nursing care is classed as clinical waste.

Alternatively the medication can be returned to a pharmacist, providing they hold a waste management licence and this has been evidenced in writing.

**Controlled drugs**

Within a home providing nursing care, controlled drugs which have been individually prescribed for a service user can only be disposed of through a licensed waste company which has been granted a licence to transfer controlled drugs for disposal.

Prior to disposal, controlled drugs must be rendered safe. This is achieved through a process called denaturing. This must be done prior to collection. **Denaturing** disables the controlled drug so that it cannot be reused. Denaturing must be witnessed by a second person and must be recorded in the controlled drugs register, which must be signed by both members of staff.

**Equipment**

Monitored dose systems must always be returned to the pharmacist as these will be required in order to dispense further orders of medication. Other equipment may include infusion lines, needles and syringes, and glass ampoules. These are classed as clinical waste and must be disposed of as clinical waste. Needles and glass ampoules must always be disposed of in a specific sharps bin.

Guidelines must be followed in relation to the disposal of sharps and the sharps bin must be disposed of by a clinical waste company. Personal Protective Equipment (PPE) does not specifically pose a hazard to health and can be disposed of as household waste.

### Care settings

**Non-controlled medication**

According to the Hazardous Waste Regulations 2005, a care home offering personal care can return unwanted medication to the community pharmacist in order that it can be disposed of in the correct manner. This is because medication within a home offering personal care is classed as household waste. Every bit of medication must be accounted for and care staff must never dispose of medication within the home.

**Controlled drugs**

Controlled drugs will have been prescribed for an individual service user. Any unused medication must be disposed of by returning it to the dispensing pharmacist. A signed receipt must be obtained from the pharmacist to confirm the medication has been returned by the care home. A record of the return must also be documented within the controlled drugs book and this must be witnessed and countersigned by a second member of staff.

**Equipment**

Monitored dose systems must always be returned to the pharmacist as these will be required in order to dispense further orders of medication. Other equipment may include infusion lines, needles and syringes, and glass ampoules. These are classed as clinical waste and must be disposed of as clinical waste. Needles and glass ampoules must always be disposed of in a specific sharps bin. Guidelines must be followed in relation to the disposal of sharps and the sharps bin must be disposed of by a clinical waste company. Personal Protective Equipment (PPE) does not specifically pose a hazard to health and can be disposed of as household waste.

## Domiciliary care settings

**Non-controlled medication**

Service users within the community must be encouraged to return their unused medication to the dispensing pharmacist. Care staff must always remember that medication is the property of the service user and cannot be removed without the service user's consent. In some circumstances, care staff may return medication to the dispensing pharmacist on behalf of the service user. However, a risk assessment should be used to identify that this level of support is needed. Consent must be obtained from the service user and a record of the return must be made on the service user's MAR chart.

**Controlled drugs**

All controlled drugs must be returned to the dispensing pharmacist.

**Equipment**

Monitored dose systems must always be returned to the pharmacist as these will be required in order to dispense further orders of medication. If needles are used, for example in the administration of insulin, these must always be disposed of in a specific sharps bin. Guidelines must be followed in relation to the disposal of sharps and the sharps bin must be disposed of by a clinical waste company. Personal Protective Equipment (PPE) does not specifically pose a hazard to health and can be disposed of as household waste.





## The importance of disposing of medicines and equipment in line with agreed procedures

Within the United Kingdom, the safe disposal of medication for particular care settings is agreed at a national level. There are set procedures which must be followed to ensure all medication can be accounted for. Care organisations have a statutory requirement to record the disposal of medication (this will be explored further in Unit 4).

There are a number of reasons why care establishments need to dispose of medication and associated equipment in line with agreed procedures.

Consider the following information:

- Medication must be disposed of in order to reduce the risks associated with accidental administration of discontinued or out-of-date medication.
- All organisations have a responsibility to comply with legislation, regulations and regulatory body requirements. Your organisation has a duty to protect the environment. If medications are disposed of incorrectly, this could be harmful to the environment.
- Care organisations have a responsibility to account for every item of medication. All medication is auditable and individual organisations must be able to explain when medication cannot be accounted for.
- Medication could have the potential for misuse if it gets into the wrong hands. It is therefore essential that medication is correctly disposed of to prevent it from being accidentally or intentionally taken.
- If medicines are not correctly disposed of, registered managers and/or pharmacists could face prosecution leading to fines and imprisonment.

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. Medication that has expired should always be disposed of.**

**True** ◯ **False** ◯

**2. Clinical waste such as needles and glass ampoules should always be disposed of in a sharps bin.**

**True** ◯ **False** ◯

**3. What are the consequences for registered managers of not disposing of medicines and equipment in line with agreed procedures?**

Check your answers by looking back over this section.

**Congratulations, you have now completed Section 3 and Unit 2. Please now go to your assessment and answer Q14 to Q16.**





## 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 the supply, storage and disposal of medication. 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 how medicines are supplied and obtained? | |
| **2.** | How confident do you feel ordering, obtaining and transferring medication? | |
| **3.** | How confident do you feel in your ability to store medication? | |
| **4.** | How confident do you feel in your knowledge of storage requirements for different types of medication? | |
| **5.** | How confident do you feel in your ability to safely dispose of medication? | |
| **6.** | How do you feel your knowledge has improved since starting this unit? | |

## Learning Outcomes

**1. Understand how medicines are supplied and obtained.**

1.1 Identify the purpose of a prescription

1.2 List the information that has to be checked and recorded once medication has been received

1.3 Describe the procedure for:

- Transferring medication from one setting to another
- Obtaining medication in an emergency situation
- Obtaining medication for use 'when required' (PRN)
- Renewal of prescription.

**2. Know the requirements for storing medication.**

2.1 Describe the requirements of medication storage within the following settings:

- Clinical settings
- Residential care
- Day services
- Domiciliary care
- Non care settings.

2.2 Explain how controlled drugs should be stored within the settings listed in 2.1

2.3 Outline how to support individuals to store medication securely for self-administration

2.4 Outline the storage requirements for different types of medication

2.5 Describe how medicines awaiting disposal should be stored.

**3. Understand the requirements for the safe disposal of medication.**

3.1 Give examples of why drugs might need to be disposed of

3.2 Outline the requirements for the safe and secure disposal of medication and equipment for:

- Nursing care settings
- Care settings
- Domiciliary care settings
- Controlled drugs.

3.3 Explain why it is important to dispose of medication and equipment in line with agreed procedures.





## Answers to activities

**Key Skill: Maths**

**Page:** 26

**Answer:** 18 degrees

**Explanation:** 24 – 6 = 18

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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