

VOLUNTARY ACTION SHETLAND - SHETLAND BEFRIENDING SCHEME

MEDICATION ADMINISTRATION GUIDELINES POLICY

The Shetland Befriending Scheme provides one to one support to vulnerable children, young people and adults. The delivery of this service means that the service users may require volunteers to administer emergency medication. The purpose of these guidelines is to assist staff and volunteers to respond adequately and in safety where they are called on to administer medication in some way.

Training for Volunteers

The scheme must ensure that any volunteer who may need to administer emergency medication has the appropriate training to equip them to administer appropriately. As with all training this will be recorded in the volunteer's training record for future reference.

Procedures

Scheme staff and volunteers should observe the following rules and procedures:

Hygiene

Prior to administering any medication the volunteer must thoroughly wash their hands and/or use protective gloves. All normal hygiene precautions should be observed during administration of medicines to minimise the possibility of contamination.

Independence of the Service User

Wherever possible and practicable, a service user is to be responsible to take full responsibility for his or her own medicines. A volunteer will not be responsible to administer any other medication except in the instances of needing to administer emergency medication.

Consent

The consent of the service user (or where appropriate, the parents/guardian or legal representative) should always be obtained by scheme staff before a volunteer will administer emergency medication. This should always be secured by signature on the emergency medication agreement form that should be accompanied by a Medication Information Sheet providing details of the medicines to be given.

Sources of Medications

Medicines given should come only:

From a full, labelled, conventional medical container

From a compliance aid (which must not be filled by the volunteer)

Proprietary Medicines

Proprietary medicines that can be obtained without prescription over the chemist (such as aspirin) must not be given to a service user by a volunteer.

As Required Medicines

Some service users may need to take certain medicines only on an as required basis (e.g. painkillers, laxatives and antacids and including homely remedies). Volunteers must not give such medication to the service user.

Side Effects – Changes in Health State

Volunteers should be aware of any specific side effects that may be caused by the service user's prescribed medication (advised by the scheme staff and/or health staff). If volunteers are concerned about the service user's health or medication, a volunteer should seek help from the service user's doctor/NHS 24 and/or if appropriate the parents/guardians and scheme staff.

Compliance with Insurance

All accredited volunteers with Shetland Befriending Scheme are covered through (Markel) wh&r McCartney Insurance Brokers for the administration of emergency medication.

Administration of Rectal Medication

This includes Diazepam and paraldehyde in an emergency situation.

Only volunteers whom the scheme's staff considers to be suitable should be assigned to such cases. No undue pressure should be put onto individual volunteers to undertake this role. Agreement by volunteers to administer rectal medication must remain voluntary and must **not** be written into role descriptions.

As the service user will be with only one trained volunteer it is good practice to have an emergency number for the volunteer to contact. This will be obtained from the parental consent form for the young people and from the self consent form for the 16+ adults.

A volunteer will **not** be allowed to start working with the service user until they get the appropriate training to administer rectal medication.

Should a service user develop the need for rectal medication after the initial referral then a review must be carried out before the match can continue.

Volunteer/Service User Emergency Medication Plan

Approval, in writing, must be obtained from the volunteer, service user (or where appropriate, the parents/guardians/ legal representative or carer), scheme staff and from the General Practitioner. In circumstances where the service user is unable to provide written permission, because of physical or mental impairment, every effort should be made by the scheme staff to ensure the service user is in approval with the arrangements.

Full written procedures must be made available to the volunteer before going into the match. The information should include but not be limited to the following:

- Medication name and dose required
- Where the medication will be stored when the volunteer and service user are out together
- Frequency the medication has been required in the past
- Frequency of past seizures/episodes/convulsions
- Copy of seizure record if available
- Details of any signs or symptoms that would normally indicate that the service user was going into a seizure/convulsion that may require the administration of medication
- Details on how long a volunteer should wait before administering the medication i.e. 5 – 10 minutes
- Procedural information on what to do if one dose of medication does not have the desired effect. This could be to give a second dose or to make a 999 call
- At all times consideration must be given to the need to preserve the dignity of the service user
- Consideration should be given to the wishes of the service user as to the gender of the volunteer

- Volunteers should not be changed or substituted without the prior consent of the service user
- Records must be monitored and reviewed regularly concerning medication

The remote possibility of physical damage to the service user is always present in such procedures. In such a case, if the volunteer has followed correct procedure, then they will be deemed to have acted in good faith. Volunteers who do not have a medical qualification are expected to respond at a level of skill and are not expected to be medically capable. This should be made clear to the service user (and parents/guardians/legal representative if appropriate) and any written consent should emphasize this point.

Emergency Procedures

A written procedure must include emergency procedures to be followed in the event of a seizure continuing beyond a given time after the administration of the medication. It is likely that this will include a 999 call.

Please note that not every seizure will require the administration of medication.

Record Keeping

In addition to the normal records retained by the scheme staff, consideration will have to be given to additional recording. Volunteers must familiarise themselves with the scheme's recording procedure of the service user's seizure/convulsion and must carefully record any incidents.

In all cases the volunteer must report to scheme staff (and the parents/guardians/legal representatives if appropriate), the details of any incident and action taken.