

Safe medicines management and administration

Document Type
Standard operating procedure

Operations Manager Signature:	Signature on Master Copy
Date:	
Review interval:	Annual

Please note that this document is subject to the document control with the Ellen Macarthur Cancer Trust. If you feel that this document is no longer fit for purpose or you would like to suggest amendments please make Frank Fletcher, CEO aware and the document will be reviewed.

Version No:	Approval Date	Change Category	Comments/Changes
2	10/04/2011		Reviewed - no changes required
3	17/04/2012		Reviewed - no changes required
4	05/03/2013		Reviewed - no changes required
5	15/04/2019		Reviewed – major review carried out by Dave Hobin (Trust Medical Advisor) and Laura Davis and Kerry McMillan (Operations Managers)

1.0 Introduction

- 1.1. This document sets out the approach by EMCT to managing the storage and administration of medication for young people (YP) participating in any sailing and residential trips (activities) run by or on behalf of EMCT and aims to provide

guidance and assist medical volunteers attending Ellen MacArthur Cancer Trust (EMCT) sailing and residential trips, when dealing with the wide variety of medication required by the young people participating in the activities run by or on behalf of EMCT

1.2. This document sets out a standard of operation that promotes young people's independence and minimises risk.

1.3 In general, young people participating in EMCT activities will not be currently in receipt of dose-intensive intravenous chemotherapy regimens and at risk of significant immunosuppression, or less than 1 year from having received any form of haemopoietic stem cell transplant or solid organ transplant.

1.4 Young people may be on long term, orally delivered treatment or hormone-based treatments.

2.0 Context

2.1 EMCT activities strive to build young people's confidence and promote a sense of normality through sharing fun experiences in a non-clinical environment. Many young people participating in trips will require oral, sub-cutaneous or intramuscular medications as part of their daily routine that may need to continue for the duration of an EMCT activity. Self-management of medications is encouraged; we do not want to detract from young people's routine. It should be acknowledged however that during an activity, away from their day-to-day environment, young people may require additional support to ensure continued compliance with any medications.

3.0 Scope

3.1 This SOP applies to all routine medications including over the counter and prescribed medications.

4.0 Responsibilities of a volunteer medic

4.1 All EMCT residential and multi boat trips have a minimum of two 'Registered Medics' (RM) who takes responsibility for doing their best to ensure that young people continue to receive their medications as usual whilst away.

4.2 This SOP describes the responsibilities of the Registered medic. These responsibilities may be delegated to the crew leader or skipper on board a yacht in the absence of a medic being on board, although overall responsibility for safe medicines management and administration remain with the Registered medic(s).

4.3 For the purposes of the Ellen MacArthur Cancer Trust, a 'Registered Medic' is defined as:

- 4.3.1 A medical practitioner on the current GMC register and with a current license to practice
 - 4.3.2 A nurse or midwife currently revalidated with the NMC and in possession of a current PIN
 - 4.3.3 A paramedic registered with The Health and Care Professionals Council (HCPC). registration
-
- 4.4 The RM is expected to act *in loco parentis* in ensuring that any young person remains compliant with any prescribed medicines regimen.
 - 4.5 The RM is expected to act *in loco parentis* in providing any such medications that may be required and have been consented for on a *pro re nata* (as required) basis, e.g. simple analgesia / seasickness remedies.
 - 4.6 It is expected that the RM will act solely within their field of competence.
 - 4.7 In the event of an emergency, whilst onboard a yacht, the RM is expected to advise and support the skipper in any appropriate actions that may be required in the care of any sick and injured parties e.g. need for medical evacuation
 - 4.8 In the event of an emergency, at a residential centre, the RM is expected to advise and support the EMCT team and the residential centre provider in any appropriate actions that may be required in the care of any sick and injured parties e.g. urgent transfer to hospital.
 - 4.9 During any EMCT activity, the RM is responsible for any direct liaison with a Young person's principal treatment centre, should this be required during an activity.
 - 4.10 The line of reporting for the RM during any EMCT trip will involve the skipper/ Trust Lead, Operations Manager and CEO. The line of communication may vary depending on the situation.
 - 4.11 RM's are not expected to deliver advanced life support in the event of an emergency. EMCT does not provide any equipment to facilitate this at any of its activities. In the event of such emergencies, contact with the relevant emergency service will be coordinated by the lead for that activity (e.g. yacht skipper)
 - 4.12 RM's are not expected to provide any specialist equipment

5.0 Desired outcomes

- 5.1 Young people participating in activities will receive their routine medications as usual.
- 5.2 Young people will continue to manage their own medicines if able to do so. If they usually require the support of a parent, then the RM, in line with the responsibilities set out in § 4.0 or crew leader will do their best to ensure that all medicines are taken as prescribed.

6.0 Oral medication:

- 6.1 During the pre-trip planning process, any oral medication to be taken during an EMCT activity is clarified and carers / young people advised that it is their responsibility to ensure:
 - 6.1.1 The correct medication is brought on the activity in original packaging with the dispensary label.
 - 6.1.2 There is sufficient quantity of medication for the duration of the activity
 - 6.1.3 The medication is 'within date' and will not expire during the activity
 - 6.1.4 Any devices required to measure out individual doses (syringes for liquid formulations / tablet cutters or crushers) are packed with the respective medication and are functional.
 - 6.1.5 There are clear instructions as to the dosing schedule of any medication
 - 6.1.6 There are clear instructions as to any changes in doses that maybe required during the period of the activity (e.g. changes to hydrocortisone dosing during any illness)
 - 6.1.7 Storage instructions of any medication brought onto an activity are clear
- 6.2 During the pre-trip planning process, carers / young people are advised that it is not the responsibility of the EMCT to resolve any of the conditions in 6.1 and failure to comply with any of these criteria may result in the offer of participation in an activity being withdrawn and the young person needing to return home.
- 6.3 During the pre-trip planning process, carers / young people are requested, where it is feasible to do so, that any dose of oral medications that require a tablet to be divided / cut is done ahead of the activity and any 'part-tablets' (halves or quarters) are provided clearly labelled with name and dispensary label. Carers / Young people may find it helpful to liaise with their principal treating team or local pharmacy if they need help with this.
- 6.4 A member of the EMCT team who is accompanying young people to the start of an activity, should, at the initial meeting / collection point, ensure that a final check is made by the young people / carers on all aspects of para 6.1(see above).
- 6.5 On arrival at an EMCT activity and following any initial briefings, all oral medications are collected from the young people and logged and stored as per Section 8 or in accordance with any 'special' instructions as set out in the individual medical forms or as advised by the young person / carer.
- 6.6 The RM will agree times for delivery of medication with the young person and the schedule to be adopted for the duration of the trip, ensuring, where possible, that the young person can self-medicate if desired.
- 6.7 The RM will oversee and ensure access to all oral medication at the appropriate time(s).
- 6.8 The RM (or delegated crew member) will support self-medication by aiding with access to the relevant drug as required, such as opening blister packs, opening medicine containers. For liquid formulations, this may require drawing a set volume of liquid into a syringe (supplied by the YP). Under all circumstances the RM (or delegated crew member) should be satisfied that the dose of the relevant drug is correct based on the information provided by the YP / carer and to the best of their knowledge.

- 6.9 The RM (or delegated crew member) should satisfy themselves as is reasonable that medication has been taken as instructed / prescribed.
- 6.10 In the event of a young person vomiting during an activity, doses of oral medication should not be repeated. The administration schedule should continue as prescribed. If any young person taking replacement hydrocortisone has more than one episode of vomiting, the RM should refer back to the Young Person's Emergency Action Plan attached to their Medical Risk Assessment Form (MRA).
- 6.11 In the event of 6.10, the RM will liaise with the activity leader / Ops team to determine if the YP continues with the activity or what alternative actions need to be taken.

7.0 INJECTABLE MEDICATION – SUBCUTANEOUS (SC) OR INTRAMUSCULAR (IM)

- 7.1 During the pre-trip planning process, any injectable medication needed during an EMCT activity is clarified and carers / young people advised that it is their responsibility to ensure:
 - 7.1.1 The correct medication is brought on the activity
 - 7.1.2 There is sufficient quantity of medication for the duration of the activity
 - 7.1.3 The medication is 'within date' and will not expire during the activity
 - 7.1.4 Any specific devices required to measure out individual doses are packed with the respective medication and are functional and instructions on their use are included – e.g. important for some devices for growth hormone injections.
 - 7.1.5 There are clear instructions as to the dosing schedule of any medication
 - 7.1.6 There are clear instructions as to any changes in doses that maybe required during the period of the activity.
 - 7.1.7 Storage instructions of any medication brought onto an activity are clear
- 7.2 Where any injectable medicines are required on a weekly basis or less, every effort should be made for the YP to receive the relevant dose of medication before or after the EMCT activity has been completed.
- 7.3 During the pre-trip planning process, carers / young people are advised that it is not the responsibility of the EMCT to resolve any of the conditions in 7.1 and failure to comply with any of these criteria may result in the offer of participation in an activity being withdrawn and the young person needing to return home.
- 7.4 Particular attention with respect to para 7.1 and 7.3 is drawn to IM adrenaline and IM hydrocortisone needed for the emergency management of anaphylaxis and adrenal crisis respectively. Clarification for the need of either of the above may be needed from the relevant principal treatment centre ahead of any trip.
- 7.5 During the pre-trip planning process, the EMCT team should clarify if the Young Person can self-administer any injectable medicines; if not, further discussion is needed with the relevant operations manager / Chief Exec and / or the Trust's medical advisor as to the ability to support the Young Person during an activity.
 - 7.5.1 Any RM should not be requested to undertake any injections / procedures that they do not feel competent to carry out

7.5.2 It is not the responsibility of EMCT to clarify the level of competency of any volunteer RM

- 7.6 A member of the EMCT team who is accompanying young people to the start of an activity, should at the initial meeting / collection point, ensure that a final check is made by the young people / carers on all aspects of para 7.1(see above).
- 7.7 On arrival at an EMCT activity and following any initial briefings, all injectable medications are collected from the young people, logged and stored as per section 8 or in accordance with any 'special' instructions as set out in the individual medical forms or as advised by the young person / carer. Some injectable medications will need refrigeration for storage.
- 7.8 The RM will agree times for administration of medication with the young person and the schedule to be adopted for the duration of the trip, ensuring, where possible, that the young person can self-medicate if desired.

8.0 Storage of Medication

- 8.1 On arrival at an EMCT activity and following any initial briefings, all medications will be collected from the YP participating in the activity
- 8.2 Collection of all medication will be overseen by the RM for that activity.
- 8.3 All medication that does not require refrigeration, should be placed in a suitable container – Zip-lock bag - and labelled with the name and date of birth of the young person.
- 8.3.1 If the activity is a sailing trip – all of the containers of YP's medication is then stored in a dry storage area in the saloon of the boat on which the YP is berthed
- 8.3.2 If the activity is a residential activity – all of the containers of YP's medication is stored in a place designated by the RM
- 8.4 The RM should ensure that any medication that may be required at short notice / in case of emergency is readily available throughout the activity.
- 8.5 In the case of inhaled medication (e.g. asthma treatment medication) it is entirely appropriate that the YP may need to carry this medication on their person at all times.
- 8.6 Any medication that requires refrigerated storage should be placed in a suitable container:
- 8.6.1 The container may be a 'Cool Bag' supplied by the YP – the medication should remain in this container and the container labelled with the YP's name and date of birth. This is then placed in refrigerator either:
- 8.6.1.1 On board the boat on which the YP is berthed
- 8.6.1.2 In a designated refrigerator assigned by the RM for a residential activity.
- 8.6.2 Under no circumstances should additional medication be stored in this same personal container.
- 8.6.3 If the YP does not have a personal storage container, such as a cool-bag, the medication will be placed in suitable container provided by EMCT (zip-lock bag / Tupperware container), labelled and stored as per 8.6.1
- 8.6.4 All medication requiring refrigeration should not be in direct contact with any foodstuffs

8.6.5 Vials or injection devices should not be stored loose in designated refrigerators.

9.0 Management of spillage of any medication

9.1 Management of any spillage is in line with the guidance provided by the Children's Cancer and Leukaemia Group (CCLG) – see Appendix 1

9.2 If, as a result of spillage of any medication, there will be insufficient medication for an individual for the remainder of the trip, the RM should be advised as soon as possible and will advise the relevant operations manager.

10.0 Return of Medications

10.1 On completion of an EMCT activity all medications should be returned to the respective YP

10.2 The RM should oversee the return of all medications

11.0 Exception Criteria

11.1 For Over-18 EMCT activities, we encourage Young People to have their medication labelled and stored in a central location which they have full access to so as not to affect their independence but allows easy access to Medics / Skippers in an emergency or medical evacuation. In exceptional circumstances where a YP may wish to keep any medications stored in their personal kit, their location must be made known to the activity leader.

11.2 The RM should be appraised of all medication being taken by all YP participating in EMCT activities

12.0 Failure to comply with prescribed medications

12.1 In the event of a YP refusing to take any medication as advised on the medical assessment forms during an EMCT activity, the RM should be informed immediately.

12.2 The RM should have a discussion with the YP in question. It should be made clear that failure to take medication as prescribed by the GP / Principal Treatment Centre would be seen as exposing the YP to unnecessary risk and would result in removal of the YP from the activity

12.3 The RM will brief the relevant Operations manager following such discussion.

12.4 The CEO will be informed of any such events and a plan agreed.

12.5 Contact will be made with the relevant carers.

Appendix 1:

[https://www.cclg.org.uk/write/MediaUploads/Publications/Drug%20Factsheets%20\(PDFs\)/Drug_Factsheets_Safe_Handling_Web.pdf](https://www.cclg.org.uk/write/MediaUploads/Publications/Drug%20Factsheets%20(PDFs)/Drug_Factsheets_Safe_Handling_Web.pdf)

[https://www.cclg.org.uk/write/MediaUploads/Publications/Drug%20Factsheets%20\(PDFs\)/Drug_Factsheet_Imatinib_Web.pdf](https://www.cclg.org.uk/write/MediaUploads/Publications/Drug%20Factsheets%20(PDFs)/Drug_Factsheet_Imatinib_Web.pdf)

[https://www.cclg.org.uk/write/MediaUploads/Publications/Drug%20Factsheets%20\(PDFs\)/Drug_Factsheet_Mercaptopurine_Web.pdf](https://www.cclg.org.uk/write/MediaUploads/Publications/Drug%20Factsheets%20(PDFs)/Drug_Factsheet_Mercaptopurine_Web.pdf)

[https://www.cclg.org.uk/write/MediaUploads/Publications/Drug%20Factsheets%20\(PDFs\)/Drug_Factsheet_Temozolomide_Web.pdf](https://www.cclg.org.uk/write/MediaUploads/Publications/Drug%20Factsheets%20(PDFs)/Drug_Factsheet_Temozolomide_Web.pdf)

[https://www.cclg.org.uk/write/MediaUploads/Publications/Drug%20Factsheets%20\(PDFs\)/Drug_Factsheet_Methotrexate_Web.pdf](https://www.cclg.org.uk/write/MediaUploads/Publications/Drug%20Factsheets%20(PDFs)/Drug_Factsheet_Methotrexate_Web.pdf)