

## **STANDARD OPERATING PROCEDURE (SOP) FOR THE SUPERVISED ADMINISTRATION OF OST MEDICATION TO SERVICE USERS in [LLoyds] Pharmacy**

### **1. General**

- 1.1 Service users should be treated in a professional manner with dignity and respect at all times. Normal standards for dispensing and service user confidentiality apply.
- 1.2 Arrangements to ensure that appropriate measures to maintain good hygienic practices must be in place and monitoring should occur to ensure that these are being followed. This may be part of an existing pharmacy SOP.
- 1.3 The need for Hepatitis B vaccination should be considered on an individual basis taking account of the local circumstances under which the supervision of medication will be taking place.
- 1.4 The pharmacist holding the contract must ensure that ALL relevant staff are fully conversant with the SOP and the part that each of them play. This is especially so in the case of locums who must be prepared to undertake the services as described in the SOP.

### **2. Accepting a Service User at the Pharmacy**

- 2.1 Prior to starting a prescription the pharmacy will be contacted by the Turning Point service to confirm that they have capacity to offer a supervised consumption service
- 2.2 The service user should be asked for ID when they arrive at the pharmacy in line with regulatory practice for schedule 2 and 3 CDs. The Turning Point service will also provide the service user with an introductory letter which can be used, with the pharmacist's discretion, for ID if they do not possess any formal ID which can be common in this cohort of patients
- 2.3 The pharmacy staff should inform the service user of opening times to ensure they do not attend when the pharmacy is closed.
- 2.4 If a local agreement is in place, either through the Turning Point service or pharmacy, this should be discussed and signed by the pharmacy and service user

### **3. Preparing Medication**

- 2.1 Daily doses should be prepared in advance (and stored in the controlled drugs cabinet) where possible to avoid undue delay when the service user presents in the pharmacy.
- 2.2 Medication should be measured, double-checked and dispensed in a suitable container.
- 2.3 The usual labelling requirements apply which should include service user name, directions, quantity and date of dispensing etc. to the container.

- 2.4 'Take home' doses must be fitted with child-resistant closures in accordance with RPS guidelines. In the interest of safety, the use of other closures should be discouraged wherever possible. Comments about leakage (if containers are not maintained upright) should not normally be taken as sufficient reason not to use a child-resistant closure. Where, exceptionally, a service user specifically requests that a child-resistant closure is not used and this is considered appropriate, they should sign a suitable record to confirm the request. In such situations it is important that advice is given to keep the medication in a secure place and out of the reach of children.
- 2.5 Each labelled container may be sealed in a dispensing bag in which case this should be clearly marked with the service user's name/address and the day and date when the dose is due to be dispensed.
- 2.6 The instalment section on the prescription form should be completed at the time of supervision.

### **3. Supervising Medication**

- 3.1 When the service user presents in the pharmacy, they should make themselves known to a member of staff and wait quietly to be seen. The service user should state their name, date of birth, address and current dosage when necessary to confirm their identity.
- 3.2 If the Pharmacist has concerns that it would not be appropriate or possibly dangerous for the service user to take their medication (e.g. under the effect of alcohol/inebriated or it is suspected that the service user has been taking opiates illegally or where missed doses may have affected tolerance) they may wish to decline to supply. Before doing so, pharmacists are advised to make every effort to contact the prescriber or a prescriber at the Turning Point Service and also to assess the relative harm which may result from the refusal. They should then use their professional judgement to decide what course of action would be in the best interest of the service user. Pharmacists may also refuse to supply if 'subjected to or threatened with violence' or if the service user or 'person accompanying that person, commits or threatens to commit a criminal offence' in keeping with Paragraph 9 of the Terms of Service of Pharmacists contained in Part 2 of Schedule 1 to the NHS Pharmaceutical Services Regulations 2005.
- 3.3 The medication must be consumed on the pharmacy premises under the supervision of the Pharmacist or other appropriately trained person working under their supervision. Supervision of the dose should take place in a private consultation room or a private area for this purpose at the pharmacy. The Pharmacist must be satisfied that the dose has actually been swallowed. The service user should be provided with the labelled bottle so that they can check their dose before they drink it. They may choose to take their dose straight from the labelled bottle but, if preferred, they should be provided with a disposable cup so they can pour the methadone from the bottle into the cup for consumption.
- 3.4 Dispensing from bulk supply straight into cups and presenting this to the service user contravenes the 1968 Medicines Act in regard to requirements for labelling of dispensed medicines. It is important to distinguish the two steps of dispensing the medication and supervising the service user self-administration.

- 3.5 When supervising the administration of methadone, the Pharmacist or other appropriately trained person working under their supervision should observe the service user drink their dose and should offer the service user a drink of water afterwards. Initially, many service users dislike the taste of the methadone and a drink of water not only helps but also ensures that they swallow their dose. If the service user doesn't wish to have a drink, then swallowing can be confirmed by ensuring that conversation also occurs at this time. The water should be provided fresh from a supply suitable for drinking.
- 3.6 Buprenorphine tablets should be prepared in advance and packaged as outlined above. The supervising pharmacist or appropriately trained assistant should dispense the dose from the container (or blister) onto the service user's palm. The service user should place under the tongue; the service user should be observed at all times until the supervisor is satisfied that consumption is complete. A minimum time period of 3 minutes should elapse for this process.
- 3.7 All containers should be discarded after self-administration in a way which avoids illicit reuse. Labels should also be removed or defaced to ensure service user confidentiality.

#### **4. Recording**

- 4.1 The supply of daily dispensing must be entered in the CD register in line with controlled drugs legislation.
- 4.2 Pharmacists should consider the need for a record form to be completed at the time of supervision to show the service user's name and the date /time of day that a supervised administration has taken place. This may be important to ensure that doses are not inadvertently repeated later in the day, particularly when another pharmacist might be involved. Service users may need to be asked to countersign the record if there is any possibility that they may contest that they have not been given their due medication. NB: For reasons of confidentiality and scrutiny, one service user must not be able to see records relating to another service user, so it may be necessary to use individual pages on a record book.
- 4.3 A diary or other similar record should be maintained to record any unacceptable behaviour on the part of any service user. Any such behaviour must be reported to the Turning Point service.

#### **5. Premises**

- 5.1 A suitable, quiet area of adequate size and which affords reasonable privacy in audible and visible terms must be provided and maintained. The area should be capable of being used for purposes other than simply the supervision of medication (e.g. confidential discussions with other patients about their medication). This will avoid stigmatising service users who use it and is also in the interests of cost-effective use of space.
- 5.2 The confidential area should be maintained in a good state of decoration and have suitable lighting. A supply of drinking water should be available with facilities for the storage of disposable cups e.g. automatic dispenser fixed to a wall.
- 5.3 A chair should be available so the service user has the option of being seated. On the basis that the area will be used for other activities, it will be appropriate to make

provision for additional seating for at least a second person and wheelchair access, if possible. A table should be provided unless a similar facility is available such as a low-level counter, if possible.

- 5.4 Attention must be given to the need for security combined with the level of pharmacist/service user contact necessary.

**Signed by the Pharmacist and ALL staff who may be involved in any aspect of the operation of the SOP.**

..... Signature  
Print Name

**Precise arrangements will be dependent on local circumstances and, if appropriate, may be agreed through consultation with the Treatment Agency.**