

GUIDE ON
DRUG MANAGEMENT
IN RESIDENTIAL
CARE HOMES

2018

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Preface

The Government has been striving to improve the quality of service at residential care homes (RCHs). The Department of Health, the Hospital Authority and the Social Welfare Department jointly compiled the “Operational Manual on Drug Management in Residential Care Homes for the Elderly” in 2007 to provide detailed guidelines on every step of the drug management flow, so as to enhance the awareness on drug safety and ability in drug management of RCH staff.

In response to the development of services in recent years, the Department of Health, the Hospital Authority and the Social Welfare Department have updated and revised the “Operational Manual on Drug Management in Residential Care Homes for the Elderly” to meet better the operational needs of different types of residential care homes and further strengthen RCH staffs’ knowledge on drug management.

The “Guide on Drug Management in Residential Care Homes 2018” is applicable to RCHs for the elderly and RCHs for persons with disabilities. It covers the basic principles and procedures of drug management, quality assurance mechanisms, common scenes and precautions to serve as a reference for RCH staff. RCHs must also ensure that the drug handling arrangements are compliant with relevant legislations, including the Dangerous Drugs Ordinance (Cap.134), the Antibiotics Ordinance (Cap. 137), the Pharmacy and Poisons Ordinance (Cap.138) and codes of practices established by relevant regulatory bodies.

We hope that the establishment of a quality drug management system at RCHs would facilitate residents in need to use drugs properly and safely, and thereby effectively safeguard their health.



The Department of Health



The Hospital Authority



The Social Welfare Department



Basic Principles of Drug Management at Residential Care Homes

- 1.1 Adherence to Medical Advice
- 1.2 Drug Checking
- 1.3 Drug Storage
- 1.4 Record Keeping
- 1.5 Continuous Training



1

Basic Principles of Drug Management at Residential Care Homes

In order to have residents receive appropriate drug treatment, RCHs must comply with the following basic principles on drug management :

1.1 Adherence to Medical Advice

RCHs must strictly follow the instructions and prescriptions of healthcare professionals when assisting residents in taking medications, and must not arbitrarily change the drug dosage or route of administration without authorisation. Medical advice should be sought when in doubt.

1.2 Drug Checking

RCH staff must handle drugs in strict accordance with the principles of “3 Checks and 5 Rights” to ensure that the preparation and giving of drugs is correct. RCHs must ensure the prescribed drugs are given to the right residents and should not re-distribute drugs or use the drugs of individual residents on other residents without permission.

1.3 Drug Storage

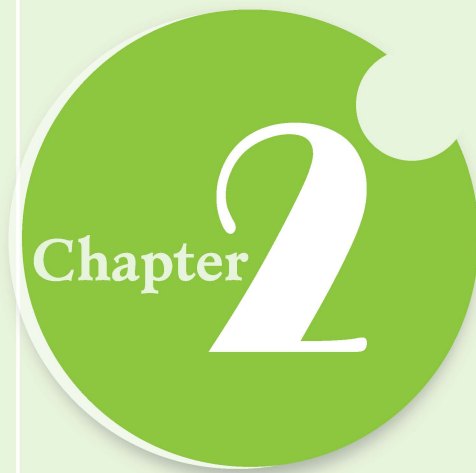
RCHs must store drugs in a secure place and affix clear labels.

1.4 Record Keeping

RCHs must keep a drug record for each resident and make sure that the information is correct and kept up-to-date.

1.5 Continuous Training

RCHs must arrange staff trained with relevant training to handle drugs. Continuous training should also be provided for staff to enhance their knowledge and ability in handling drugs.



Procedures for Drug Management

Flowchart of Drug Handling

2.1 Drug Collection

2.1.1 Checking drug labels

2.1.2 Drugs given on an “as needed” basis (i.e. PRN drugs)

2.1.3 Records

2.1.4 Updates

Figure 1 : Drug label

(the Hospital Authority)

Figure 2 : How to read a drug label

(the Hospital Authority)

Figure 3 : Drug label

(the Department of Health)

Figure 4 : How to read a drug label

(the Department of Health)

Figure 5 : Drug label

(private medical practitioner)

Figure 6 : How to read a drug label

(private medical practitioner)

Procedures for Drug Management

2.2 Record Keeping

2.2.1 Individual Drug Record

2.2.2 Medication Administration Record

2.2.3 Updating drug record

2.2.4 Electronic drug record

2.3 Drug Storage

2.3.1 Environment

2.3.2 Equipment

(a) Drug cabinet

(b) Drug storage compartment

(c) Labels

(d) Drug packets/ bottles

(e) Refrigerator

2.3.3 Stock of drugs

2.4 Drug Preparation

2.4.1 Environment

(a) Space

(b) Lighting

(c) Table surface

2.4.2 Tools

(a) Drug containers (medicine cup/ pill organiser)

(b) Medicine spoon

(c) Pill splitter

(d) Oral syringe for drug feeding, graduated
medicine spoon, graduated medicine cup

Procedures for Drug Management

2.4.3 Points to note for drug preparation

- (a) Drug prepacking and drug checking
- (b) Staff responsible for drug preparation
- (c) [3 Checks and 5 Rights]

2.4.4 Flowchart of drug prepacking

2.4.5 Flowchart of drug checking

2.4.6 Designated drug preparation system

- (a) Multi-day drug preparation system
- (b) Drug preparation services provided by community pharmacies
- (c) Automated drug packaging system

2.5 Drug Giving

2.5.1 Equipment

2.5.2 Pill crushers

2.5.3 Points to note for drug giving

2.5.4 Flowchart of drug giving

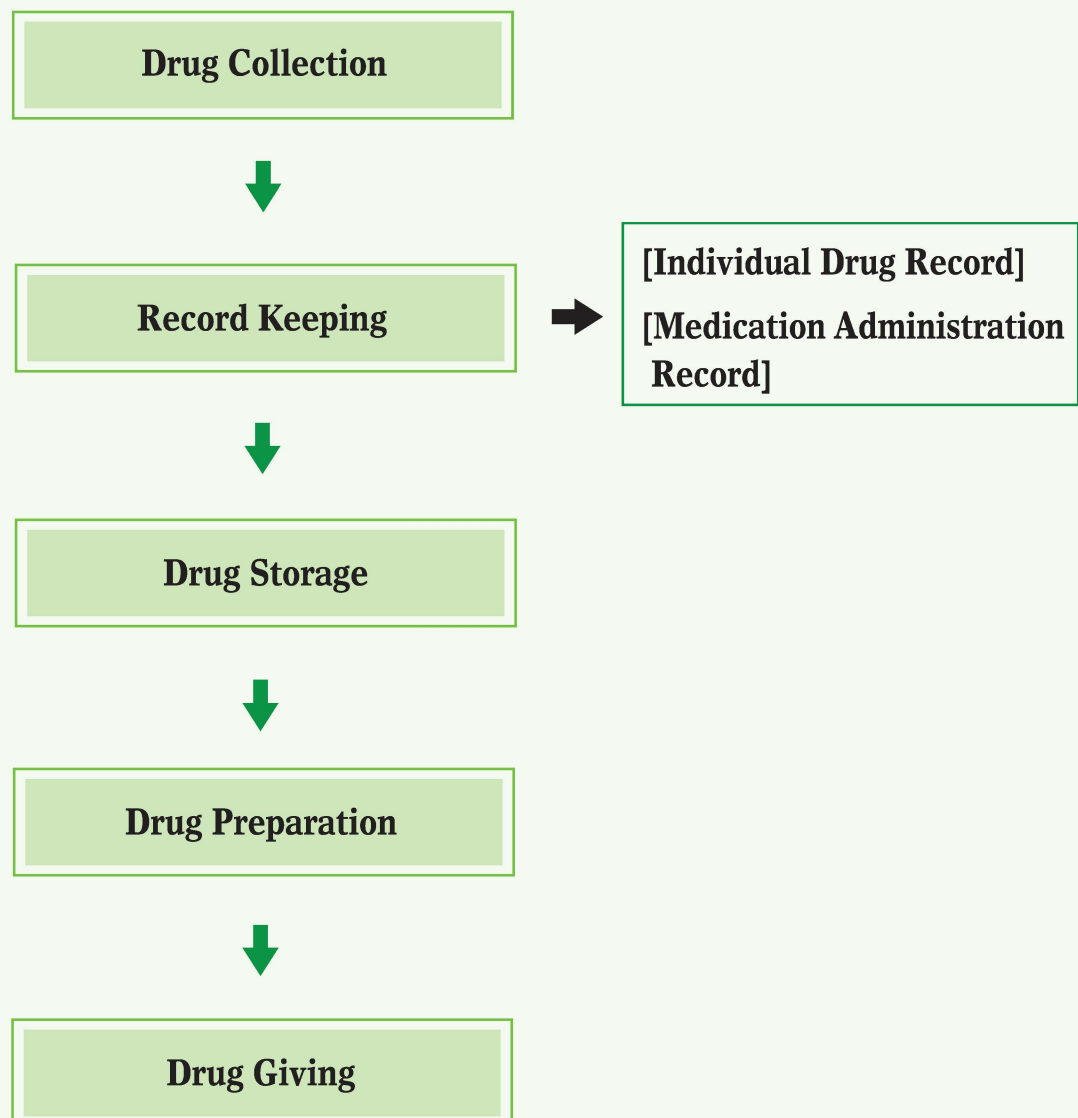
2.5.5 Observations and records after drug giving



2

Procedures for Drug Management

Flowchart of Drug Handling





2.1 Drug Collection

RCHs collect drugs through various channels (such as hospitals, clinics, family members, escorts, etc.), and the staff being responsible for handling the drugs should follow up the matters listed as below :

2.1.1 Check drug labels (please refer to figures 1 to 6)

- Name of resident
- Generic name/ brand name and dosage form of drugs
- Drug quantity
- Dosage
- Frequency/ time of administration
- Route of administration
- Drug dispensing date
- Name and address of hospital, clinic or medical practitioner
- Precautions/ special instructions

2.1.2 If there is any query, such as questions on drugs that are given on an “as needed” basis (i.e. PRN drugs), ask the medical practitioner or institution concerned.

2.1.3 Fill in the drug record of the resident, including the “Individual Drug Record” and “Medication Administration Record”, based on the information on the drug label.

2.1.4 If there is any change of the resident’s prescription (e.g. changes made by doctor after follow-up consultation or discharge from hospital), the RCHs should update the “Individual Drug Record” and “Medication Administration Record” on the same day.



Figure 1 : Drug label (The Hospital Authority)

KEEP OUT OF REACH OF CHILDREN		INSU27	5 NO
INSULIN HUMAN (MIXTARD 30) PENFILL 100U/ML 3ML			
Inject subcutaneously			
<30> unit(s) in the morning and			
<15> unit(s) in the afternoon			
Insulin. Refrigerate before opening			
Once open, keep below 30°C, no refrigeration			
Discard 6 weeks after opening			
Shake well before use			
CHUK, ON HONG		01/08/2018	3795
TSEUNG KWAN O HOSPITAL	MED 5A	0016_01_0	_ad*** 1/1

Figure 2 : How to read a drug label (The Hospital Authority)

	Internal reference code	Dispensing quantity	
Precautions	KEEP OUT OF REACH OF CHILDREN	INSU27	5 NO
	INSULIN HUMAN (MIXTARD 30) PENFILL 100U/ML 3ML	Drug name, dosage form and strength	
	Inject subcutaneously		Route of administration/ frequency/time of administration/dosage and special instructions
	<30> unit(s) in the morning and		
	<15> unit(s) in the afternoon		
	Insulin. Refrigerate before opening		Precautions
	Once open, keep below 30°C, no refrigeration		
	Discard 6 weeks after opening		Dispensing date
	Shake well before use		
Patient's name	CHUK, ON HONG	01/08/2018	QR code for HA mobile application "TouchMed"
Name of hospital/clinic	TSEUNG KWAN O HOSPITAL	3795	Internal reference code
	MED 5A	0016_01_0	
		_ad*** 1/1	



Figure 3 : Drug label (The Department of Health)



KEEP OUT OF REACH OF CHILDREN 小心放置，以免兒童誤服	
AMPICILLIN CAP 500MG	
One capsule to be taken four times daily	
Antibiotic, complete the prescribed course	
Take 1 hour before meal	
CHAN TAI MAN	28 cap
 Fanling Families Clinic, Dispensary	DOP000420447-1
	01/08/2018
	DR. C. CHAN

Figure 4 : How to read a drug label (The Department of Health)

Precautions	KEEP OUT OF REACH OF CHILDREN 小心放置，以免兒童誤服	
Drug name, dose form and strength	AMPICILLIN CAP 500MG	
Route of administration, frequency / time of administration, dosage and special instructions	One capsule to be taken four times daily Antibiotic, complete the prescribed course Take 1 hour before meal	QR Code
		Quantity
		28 cap
Patient's name	CHAN TAI MAN	Internal reference number
	 Fanling Families Clinic, Dispensary	01/08/2018
Name of Clinic		Issue date
		Dr. C. CHAN



Figure 5 : Drug label (private medical practitioners)

施嘉醫生
SZE KA
M.B.,B.S.(HK), M.R.C.P.(U.K.), D.C.H.(London)
Rm.101, XX Commercial Building, H.K.
香港 XX 商業中心 101 室
Tel:2123 ****

姓名 **陳大文** 日期 01/08/2018
Name: Date:
每日服 4 次, 每次各服 1 粒, 隔 4-6 小時
____ TABLET/CAPSULE(S) ____ TIMES A DAY ____ HOURLY

<input checked="" type="checkbox"/> 需要時服 AS REQUIRED	<input type="checkbox"/> 飯前 / 後服 BEFORE /AFTER MEAL
<input type="checkbox"/> 早上服 MORNING	<input type="checkbox"/> 睡前 BED TIME
<input type="checkbox"/> 咬碎 CHEW	<input type="checkbox"/> 含口服 TO BE SUCKED
<input type="checkbox"/> 退燒 FEVER	<input type="checkbox"/> 止瀉 DIARRHOEA

Paracetamol 500mg (Eq.)

Figure 6 : How to read a drug label (private medical practitioners)

施嘉醫生
SZE KA
M.B.,B.S.(HK), M.R.C.P.(U.K.), D.C.H.(London)
Rm.101, XX Commercial Building, H.K.
香港 XX 商業中心 101 室
Tel:2123 ****

姓名 **陳大文** 日期 **01/08/2018**
Name: Date:
每日服 4 次, 每次各服 1 粒, 隔 4-6 小時
____ TABLET/CAPSULE(S) ____ TIMES A DAY ____ HOURLY

<input checked="" type="checkbox"/> 需要時服 AS REQUIRED	<input type="checkbox"/> 飯前 / 後服 BEFORE /AFTER MEAL
<input type="checkbox"/> 早上服 MORNING	<input type="checkbox"/> 睡前 BED TIME
<input type="checkbox"/> 咬碎 CHEW	<input type="checkbox"/> 含口服 TO BE SUCKED
<input type="checkbox"/> 退燒 FEVER	<input type="checkbox"/> 止瀉 DIARRHOEA

Paracetamol 500mg (Eq.)

Annotations:

- Name and address of medical practitioner (points to the top section)
- Name of patient (points to 姓名 陳大文)
- Drug dispensing date (points to 日期 01/08/2018)
- Frequency/time of administration (points to 每日服 4 次, 每次各服 1 粒, 隔 4-6 小時)
- Generic name/brand name and dosage form of drugs (points to Paracetamol 500mg (Eq.))



2.2 Record Keeping

2.2.1 Individual Drug Record

Information included

- (a) Name of resident
- (b) Identity (ID) card number
- (c) History of drug allergy or adverse drug reaction
 - (i) Names of drugs that caused allergic reactions of the resident, as confirmed by a medical practitioner (reference can be made to medical records, e.g. medical histories prepared by visiting medical practitioners and hospital discharge summaries).
 - (ii) Discomfort or abnormal reactions of the resident after taking such drugs (e.g. respiratory distress, skin rash).
- (d) Drug prescription information
 - (i) Drug name, dosage form, dosage, frequency/ time and route of administration.
 - (ii) Date of commencing use of the drugs (i.e. the date of the drugs first prescribed for the resident)
 - (iii) Date of ceasing use of the drugs (i.e. the date to terminate use of the drug as instructed by a medical practitioner)
 - (iv) Source of the drugs (i.e. name of the hospital, clinic or medical practitioner)
- (e) If the drug information was changed, it should be treated as new drugs. RCHs should update the drug prescription and record the date of change on the “Individual Drug Record” with signature.

2.2.2 Medication Administration Record

Points to note for recording

- (a) Record the information of the resident (e.g. name, date of birth, and bed number, etc.)



- (b) Record the resident's drug allergy history
- (c) Mark down the date of drugs dispensed
- (d) Check and record the following information of the drug in accordance with the "Individual Drug Record" and the drug label, including :
 - Prescription date¹
 - Drug name, dosage form and dosage
 - Route of administration
 - Frequency of administration
 - Source of drug
 - Time of administration (see Note)

Note :

The time of administration is based on the frequency of administration stated on the drug label. Flexibility should also be exercised, having regard to the resting time of the residents :

- If "3 times a day" is stated on the drug label, the resident has to take the drug 3 times between waking up in the morning and going to bed at night, i.e. the drug should be taken every 6 to 8 hours on average. There is no need for the resident to get up and take the drug during the night.
- If the drug label indicates that the drug has to be taken every 8 hours, then the drug has to be taken every 8 hours around the clock. Hence, the resident has to take the drug at the specific time even if it is in the middle of the night.

2.2.3 Updating drug record

When the medication of a resident changes, e.g. stopping a drug, starting a new drug, and/or changing the drug dosage, dosage form or frequency, etc., after follow-up consultation or discharge from hospital, the RCH staff responsible for drug management must update the "Individual Drug Record" and "Medication Administration Record" on the same day. In case of queries, enquiries should be made with the prescription agency.

2.2.4 Electronic drug record

If an RCH uses an electronic drug record system—regardless of its signature endorsement methods used, it should ensure that an accurate and unalterable "Medication Administration Record", including electronic signatures or login verification system records of the staff involved in the drug preparation and giving, should be instantly available for inspection. RCHs should keep past medication records of residents for reference.

¹ If a resident uses the drug for the first time or the drug prescription has been changed, the prescription date on the drug label should prevail. If the prescription of the drug has not been changed, the prescription date should have been the date when the resident commenced to use the drug, as marked on the "Individual Drug Record".



17 ▼ CHAPTER 2

PROCEDURES FOR DRUG MANAGEMENT

[illegible]



2.3 Drug Storage

Drugs should be stored in a secure place (such as a drug cabinet or a room, with lock).

2.3.1 Environment

Drugs should be stored in accordance with the instructions on the drug label and the following precautions for drug storage should be noted:

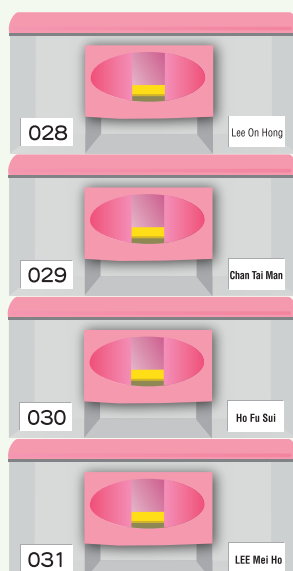
- Keep dry and cool (consider controlling indoor temperature and humidity with an air conditioning ventilation system).
- Avoid direct sunlight.
- Drugs that must be refrigerated should be stored in a refrigerator.

2.3.2 Equipment

(a) Drug cabinet

- Choose a drug cabinet(s) with appropriate size and style according to the actual needs of the RCHs.
- The height of drug cabinet(s) should be appropriate to ensure the occupational safety and health of RCH staff.

(b) Drug storage compartment



- Use drug storage compartments with appropriate size and style according to the actual needs of the RCHs.
- Clearly state the name and bed number of the resident on each drug storage compartment.
- Each drug storage compartment shall only store the drugs of one resident.
- There should be a partition between each drug storage compartment to prevent drugs from being mistakenly placed in the storage space of another resident.
- Consider adding colour labels to drug storage compartments to facilitate RCH staff to distinguish drugs requiring special attention (such as hypoglycaemic agents).



- Oral, topical and injectable drugs should be stored separately.

(c) Labels

For the commonly labelled areas including drug cabinets and drug storage compartments, etc., the following methods can be used by RCHs to enhance the readability of labels :

- Fade-proof pens should be used. Words should be legibly and tidily written or computer-printed.
- Transparent adhesive tape or plastic films should be applied to the labels to prevent them from discolouring.
- Use colour combinations with strong contrast.
- Apart from the resident's name, the label can also include the room number/ bed number to doubly verify the identity of the resident.

(d) Drug packets/ bottles

- Drugs should be stored in their original drug packets or bottles; the original aluminium foil packaging should be kept intact and should not be pre-opened.
- After opening the drug bottle, the cotton ball or sponge block should be discarded to avoid moisture absorption and deterioration of the drug.
- Since drugs dispensed at different times have different expiry dates, leftover drugs, even of the same type, should not be stored in the same bag.

(e) Refrigerator

Type of refrigerator and temperature monitoring

- The use of a refrigerator exclusively for drug storage (pharmaceutical refrigerator) is recommended.



- If a general household refrigerator is used, RCHs should ensure that the temperature is appropriate (2 to 8 degrees Celsius). A thermometer with data logging function should be placed inside the refrigerator and the designated RCH staff should monitor and record the minimum and maximum temperature daily. The thermometer should be reset after recording is completed (in view of the different types of electronic thermometers measuring the highest/ lowest temperature in the market, the responsible RCH staff member must understand clearly on the use of a thermometer.).
- Small single-door refrigerators with poor temperature stability and refrigerators without defrosting function are not recommended.
- It is recommended to install an alarm system in the refrigerator where the drug is stored to check against the occurrence of malfunctioning, and to formulate a contingency plan for malfunctioning of refrigerator.
- A contingency mechanism should be established to dictate the handling when temperature of the refrigerator does not meet the standard, including contacting the prescription agency for follow-up and handling drugs in the refrigerator that may have been affected.²

² If the seasonal flu/ pneumococcal vaccine is affected, the RCH should report it to the CHP Vaccination Office (telephone number: 2125 2125).



Tips for refrigerator storage

- Refrigerators for drug storage should not be placed with foods or other articles.
- Drugs can be put in small plastic boxes before placing them into the refrigerator for easy handling and cleaning.
- Drugs requiring refrigeration must be stored on the racks of a refrigerator. They need not be stored in the freezer and must not be placed at the refrigerator door.
- If the general household refrigerator is used, the bottom of the refrigerated compartment and the door should be placed with water-filled containers/ plastic bottles to keep the temperature inside the refrigerator stable.
- Avoid storing too many drugs in a refrigerator so that air circulation inside the refrigerator can be maintained.
- Do not open and close the refrigerator containing the drugs too often to avoid affecting temperature of the refrigerator.

2.3.3 Stock of drugs

- (a) Check the stock of drugs regularly and when needed (e.g. after residents have attended follow-up consultation or have been discharged from hospital) to ensure that there are sufficient drugs before the next scheduled follow-up. Arrange an advance follow-up if the drug is insufficient.



- (b) The same drug should be used in the order of the collection dates. As the expiry dates of different batches vary, new and old drugs should not be mixed and stored together.
- (c) Stop using the drugs concerned and enquire with the prescription agency promptly if the following situations occur :
 - The drugs have expired according to the information on the labels.
 - The drug label has been damaged or has fallen off and the drug name is no longer clearly indicated.
 - The form, colour or smell/ taste of drugs has been changed.
 - Liquid that is initially clear has become turbid.

2.4 Drug Preparation

RCHs should provide a suitable working environment with tools, and arrange RCH staff (nurses or health workers)³ who have received relevant training to prepare drugs according to the correct procedures.

2.4.1 Environment

(a) Space

- Specific spaces should be set up so that RCH staff responsible for drug preparation can work independently without interference.
- Keep the drug preparation environment quiet and free from interference (such as telephone, TV, radio, doorbell, etc.) to minimise errors caused by distraction.
- If it is not possible to set up a separate room for drug preparation, RCHs may consider using a screen and attaching a sign that reads “Drug preparation in progress; do not disturb, please.”

³ This excludes RCHs listed as low care level RCHs on their licences. Please refer to the relevant Code of Practice for details.



- (b) Lighting
 - Lighting should be appropriate so that staff can clearly read important information such as drug labels.
 - Avoid working with the back against the light source or in a dim environment.
- (c) Table surface
 - Avoid high-reflective surfaces, such as glass, to minimise eye strain.
 - Before preparing drugs, ensure that there is sufficient space on the table to place necessary tools.
 - Work surfaces of appropriate height can enhance work efficiency. Staff preparing the drugs should maintain a natural posture of the arms whether or not they are seated or standing (i.e. the upper arms held vertically and the forearms more or less horizontally).

2.4.2 Tools

Drug preparation tools should be washed and dried before use to ensure that there is no drug residue.

- (a) Drug containers (medicine cup/ pill organiser)
 - These should be made of materials that are not easily broken.
 - These should have sufficient capacity to hold the drugs.
 - Labels on drug containers should include the name of the resident, the bed number and the time of administration. Additional labels can be added to distinguish drugs with special precautions (e.g. hypoglycaemic agents).
 - Drug containers with lids are preferred. Twist caps are preferred to prevent drugs from falling out.



- (b) Medicine spoon
 - Take drugs out of their packets/ bottles by using a medicine spoon to avoid direct contact with the hands.
- (c) Pill splitter
 - Drugs can be split accurately and evenly with the correct use of a pill splitter. Accurate dosage of drugs can therefore be ensured and fewer chips will be produced.
 - Pill splitters should be cleaned with alcohol swabs and dried after use every time to ensure that there is no drug residue.
- (d) Oral syringe for drug feeding, graduated medicine spoon, graduated medicine cup.
 - An accurate dosage of liquid drugs can be extracted or poured out.

2.4.3 Points to note for drug preparation

- (a) Drug prepacking and drug checking
 - Drug preparation includes two procedures: “drug prepacking” and “drug checking”, which should be separately performed by at least two staff members who have received relevant training.
 - If the circumstances only allow “drug prepacking” and “drug checking” be done by one staff member, each of the procedures should, however, be separately performed. That is, drugs should be “prepacked” first for each resident one by one. Only after completing the whole “drug prepacking” procedure for all residents, should “drug checking” be then performed.



- The RCH staff responsible for drug preparation should prepare drugs for each resident one at a time and should sign the “Medication Administration Record” immediately after drug preparation.
 - Drugs prescribed by a medical practitioner to a certain resident should only be used on that resident and not on other residents. Do not mix drugs for different residents to avoid muddling drug batches and expiry dates, etc., as this may hinder later on the handling of drug incidents.
 - Pills that need grinding should be ground upon administration to avoid prolonged contact with air as this may affect the drug efficacy.
 - Do not use the drugs if the colour, smell/ taste or quality has changed.
 - If drug prescription errors are found or suspected during drug preparation, contact the hospital or clinic concerned to arrange for replacement or consult the visiting healthcare professionals.
 - Unless a designated drug preparation system is in use (see 2.4.6 of Chapter 2), drugs can only be prepared 24 hours in advance.
- (b) Staff responsible for drug preparation
- The RCH staff responsible for drug preparation must keep their hands clean and dry and meet the infection control requirements.
 - Staff should stay focused during drug preparation to avoid mistakes. They should not talk, use cellular phone, perform other tasks or leave the drug preparation position arbitrarily (if one has to leave the position, one must prepare the drugs afterwards all over again).
 - After drug preparation, all drug preparation tools must be tidied and cleaned, and the drug cabinet should be locked up.



(c) **[3 Checks and 5 Rights]**

Drug preparation should be done in accordance with the information recorded on the “Medication Administration Record”, and [3 Checks and 5 Rights] must be carried out to verify the information on the “Medication Administration Record” and the drug labels.

- **[3 Checks]**

First Check :

Perform “First Check” when taking the drugs out of the drug cabinets. Check carefully the name of the resident, name and dosage form of the drugs, dosage of the drugs, time and route of using the drugs as indicated on the “Medication Administration Record” and the drug labels.

Second Check :

Perform “Second Check” before taking out the drugs from the drug packets/ bottles. Check the dosage against the “Medication Administration Record” and drug labels. Then check the name of the resident, name and dosage form of the drugs, time and route of using the drugs.

Third Check :

Perform “Third Check” before putting the drugs back into the drug cabinet. Check the name of the resident, name and dosage form of the drugs, dosage of the drugs, time and route of using the drugs against the “Medication Administration Record” once again. Put the drugs back to their appropriate positions.

- **[5 Rights]**

Right (1) : Name of the resident

Right (2) : Name and dosage form of the drugs

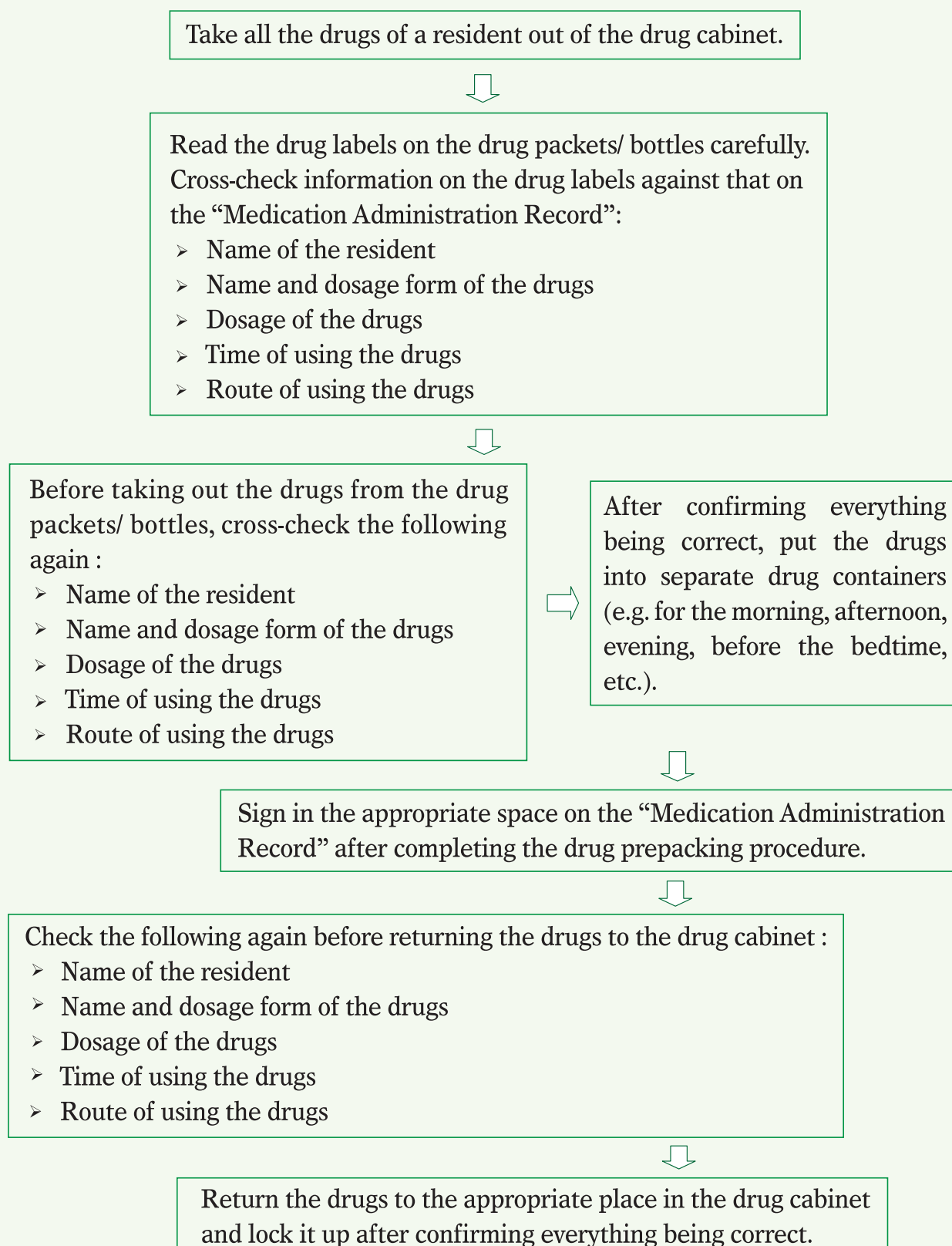
Right (3) : Dosage of the drugs

Right (4) : Time of using the drugs

Right (5) : Route of using the drugs



2.4.4 Flowchart of drug prepacking





2.4.5 Flowchart of drug checking

Cross-check the prepacked drugs against the information on the “Medication Administration Record” and drug labels :

- Name of the resident
- Name and dosage form of the drugs
- Dosage of the drugs
- Time of using the drugs
- Route of using the drugs



Sign in the appropriate space on the “Medication Administration Record” after confirming everything being correct.

2.4.6 Designated drug preparation system

A designated drug preparation system refers to a preparation system specially designed for meeting the needs of an RCH, such as a multi-day drug preparation system, a drug preparation service provided by a community pharmacy, or an automated drug packaging system, etc.; if such a system or service is adopted in an RCH, guidelines, contingency plans and notification mechanisms for handling drug incidents/ near misses should be set up.

- (a) Multi-day drug preparation system
 - (i) The multi-day drug preparation system seals the drug by date and time of use in a capsule or blister pack.
 - (ii) Unless there is continuous monitoring and management by a pharmacist, RCHs cannot prepare more than 7 days’ worth of drugs or store drugs in multi-dosage packaging.



- (iii) If a multi-day drug preparation system is used, up to 7 days' worth of drugs can be prepared in addition to the drugs that have already been packaged in the capsule or blister pack in use.
- (iv) The information on the capsule or blister pack should be automatically compiled by a computer database software to prevent wrong information. The capsule or blister pack should have information that helps identify the resident, including the resident's name, bed number, ID card number (displaying the letters and the first 3 digits) or other identification document number and a recent photo of the resident. In addition, other drug information should also be included, e.g. the date of use of the capsule or blister pack, time period of drug administration, and the name, dosage, dosage form and quantity of the drugs to be taken during the period. Drug descriptions (such as colour, shape and marking), if available, are preferable.
- (v) Capsule plates and other packaging materials should not be reused to avoid contamination of drugs.
- (vi) If there is any change in the prescription or there are other circumstances that require opening of sealed drugs, the RCH staff must repack and recheck all the drugs according to the drug prepacking and drug checking procedures, and sealed them afterwards.



- (b) Drug preparation services provided by community pharmacies
 - (i) If a drug preparation service by a community pharmacy is adopted, the RCHs should enter into a service contract agreement with the person in-charge at the pharmacy and set up a system to deliver/ collect drugs to facilitate record tracing when necessary.
 - (ii) A pharmacist must be responsible for coordinating, supervising and regularly reviewing the relevant service, including the logistics of drug preparation and delivery. Community pharmacies are also required to provide the contact details of the pharmacist on duty and make arrangements to support the RCHs.
 - (iii) RCHs must check all packaged drugs and keep relevant records.
 - (iv) The personal data and drugs of residents involved the purchase of community pharmacy services must be handled in compliance with the requirements as stipulated in the Personal Data (Privacy) Ordinance. For example, the residents and/or their family/ guardians must be informed beforehand and their consent has to be obtained. Community pharmacies should be required to take appropriate measures to prevent from disclosing the personal data of residents.



- (c) Automated drug packaging system
 - (i) If an RCH adopts an automated drug packaging system to distribute the drugs of individual residents to other residents, they must clearly explain to the residents concerned and/or their guardians/guarantors/ families about such management and the risks involved, and obtain their written consent.
 - (ii) The entire system should be managed and supervised⁴ by a registered pharmacist, who should set up working guidelines and contingency plans, review the system regularly and arrange maintenance warranty. RCHs should enter into a service contract with the contractor of the relevant system to formulate and take appropriate and effective measures to control risks and protect the personal data of the residents.
 - (iii) RCHs must ensure that the system is only operated by their staff members who have received relevant training, that all packaged drugs are checked according to the medical practitioner's prescriptions, and that the records of drug preparation and checking are kept.
 - (iv) RCHs should not add the resident's antibiotics or dangerous drugs into the system for mixing.

⁴ During the mixed drugs being stored in the system for drug preparation, if it involves placing the same drug of different residents in the same drug container, the pharmacist must be responsible in person (i.e., he/she must carry this out in person or be present when this is carried out) for re-organising the residents' drugs, supervising and managing the storage, checking and inspecting the drugs concerned.



- (v) RCHs must keep the prescription information of the drugs issued by the dispensing agency in order to check the original drug prescriptions.
- (vi) RCHs must accurately record and keep information on the source of drugs (including the drug dispensing agency, date of drug dispensing, resident's name and drug batch, etc.) to ensure that the resident who took the drug, the quantity taken and the time period covered can be traced whenever necessary.
- (vii) RCHs must handle drugs that are not packaged through the system, in accordance with the Code of Practice for Residential Care Homes (Elderly Persons) or the Code of Practice for Residential Care Homes (Person with Disabilities).

2.5 Drug Giving

2.5.1 Equipment

A drug distribution trolley or a suitable countertop should be used to ensure that there is enough room to place drug containers, the "Medication Administration Record", alcohol-based handrub and pill splitters/crushers, etc.

2.5.2 Pill crushers (e.g. mortars and pestles, pill crushers, or electric pill crushing machines)

- (a) Before use, ensure there is no residual drug remaining in pill crushers.



- (b) “Mortar and Pestle” made of porcelain instead of wood or stone should be used, to prevent drug residues from remaining in fissures and affecting the dosage.
- (c) Refer to the relevant instructions on how to use pill crushers or electric pill crushing machines.
- (d) Not all drugs can be ground or split, e.g. some drugs labelled with “do not chew”. Consult the prescription agency if in doubt.

2.5.3 Points to note for drug giving

- (a) Before giving drugs, ensure that the name of the resident matches that on the drug container and ask the resident to say his/her name during identification process. If the resident has communication difficulties or cognitive impairment, his/her identity must be checked by other means (such as a recent photo).
- (b) Explain the time of administration, quantity and possible side effects of the drugs; ask the resident if they need to take any PRN drug.
- (c) Perform “5 Rights” to confirm that the drugs match the information recorded on the “Medication Administration Record”. If circumstances do not permit, one should at least check if the name of the resident and the quantity of the drug in the drug container match the information on the “Medication Administration Record”.
- (d) Stop giving the drugs immediately if any error is detected. Prepack and check the drugs again for the resident concerned and report it to the home manager and the staff responsible for drug preparation to review the drug preparation procedures.



- (e) If abnormalities in the drugs are observed, such as discolouration, odour, turbidity or sediments, one should stop giving the drugs and inform the home manager/nurse/healthcare in-charge. The home manager should then contact the drug dispensing agency to replace the drugs.
- (f) Do not arbitrarily crush tablets or remove the capsules of the drugs. One should refer to the instructions on the drug labels. Consult healthcare professionals if in doubt.
- (g) Feed the medications to the resident immediately at time of administration. No other persons or residents can be allowed to pass on or give the drugs, and drugs should never be left at the bedside or on dining tables.
- (h) Check the drug container to confirm that there is no residual drug after assisting a resident in taking the drugs. Check the resident's mouth, if necessary, to ensure that the resident has swallowed the drugs.
- (i) Sign the "Medication Administration Record" immediately after the drugs have been taken by the resident. Signing in advance is strictly prohibited.
- (j) If a resident is unable to or refuses to take the drugs, the staff should find out the reasons, handle and record the incident properly. Such drugs should be disposed of and not be left at the bedside or on the dining tables, or returned to drug packets/ bottles. Refer to section 4.6 of Chapter 4 for follow-up work on refusal to medication.



2.5.4 Flowchart of drug giving

Explain the drug taking procedures to residents and ask residents if they need to take PRN drugs.



Check clearly:

- Name of the resident
- Name and dosage form of the drugs
- Dosage of the drugs
- Time of using the drugs
- Route of using the drugs

Confirm that the drugs match the information recorded on the “Medication Administration Record” before giving drugs to residents.



Check the drug container to confirm that there is no residual drug after assisting a resident in taking the drugs. Check the resident’s mouth, if necessary, to ensure that the resident has swallowed the drugs.



If a resident is unable to or refuses to take the drugs,

- ⇒ Find out the reasons, handle and record the incident properly.
- ⇒ Do not leave the drugs at the resident’s bedside or on the table.
- ⇒ Do not return drugs to the drug packets/ bottles.
- ⇒ Such drugs should be disposed of.



Sign in the appropriate space on the “Medication Administration Record” after completing the drug giving procedure.



2.5.5 Observations and records after drug giving

- (a) RCH staff should sign on the resident's "Medication Administration Record" immediately after giving the drugs or performing an injection/ application of topical medicines. Signing in advance is strictly prohibited.
- (b) The circumstances under which the resident did not take the drugs should be clearly recorded, e.g. when the resident needs to fast due to being admitted into hospital or going for a scheduled physical examination or surgery.
- (c) After giving the drugs, RCH staff must observe whether the residents feel unwell after taking the drugs:
 - Whether there are any allergic reactions such as rash, swollen face and mouth or respiratory distress after using the drugs. If such symptoms are observed, accompany the resident to consult a medical practitioner at once and bring along the drugs used. Information of drugs causing allergic or adverse reactions should be recorded for future reference.
 - If a resident feels unwell after using the drugs, the incident should be recorded in detail on the "Personal Health and Nursing Record" of the resident and appropriate measures should be taken to report this to the medical practitioner or pharmacist during follow-up. If the condition is severe, consult a medical practitioner immediately and the resident's family should be notified.



Chapter

3

Quality Assurance Mechanism

3.1 Objective

3.2 Regular Drug Review

3.2.1 Regular overall review of drugs

3.2.2 Drug safety audits in RCHs

3.3 Points to Note for Using an Electronic Drug Management System

3.4 Medication Risk Management Report

3.4.1 Purpose of the medication risk management report

3.4.2 Drug incidents

3.4.3 Precautions for completion of the medication risk management report

3.4.4 Precautions for investigation of drug incidents by the home manager

3

Quality Assurance Mechanism



3.1 Objective

RCHs should establish effective drug management systems and implement appropriate quality assurance mechanisms to ensure that residents take drugs as instructed.

3.2 Regular Drug Review

3.2.1 Regular overall review of drugs

RCHs should conduct overall review of drugs regularly to monitor the use of drugs by residents, and to identify hidden problems and update relevant records as soon as possible to avoid errors.

(a) Frequency

RCHs should conduct an overall review of drugs once per month.

(b) Personnel responsible for review of drugs

RCHs should arrange personnel who have received relevant training to conduct overall review of drugs under supervision of the home manager or related healthcare personnel.

(c) Overall drug review procedure

- Check whether the drugs in the drug cabinet and the relevant information match the content of residents' "Individual Drug Records".
- Check whether residents' "Medication Administration Records" are consistent with their "Individual Drug Records".

(d) Precautions

- The overall drug review procedure should be conducted separately by at least 2 staff members who have received relevant training, or a pharmacist or his/her representative designated by the RCHs.



- If the RCHs only arrange 1 staff member to perform the above 2 procedures, then each procedure should be performed separately. The staff member should first check one by one whether the resident's drugs and information are consistent with the resident's "Individual Drug Record". After completing the first procedure, the staff member should then check from the beginning again whether each resident's "Medication Administration Record" is consistent with his/her "Individual Drug Record" one after the other.
- The overall drug review procedure is very similar to the daily drug checking procedure. Please refer to section 2.4 of Chapter 2 for details.

3.2.2 Drug safety audits in RCHs

RCHs should perform regular drug safety audits to ensure that RCH staff continue implementing effective and safe drug management.

(a) Frequency

RCHs should perform a drug safety audit every 3 months.

(b) Personnel responsible for drug safety audits

RCHs should arrange personnel who have received relevant training to conduct drug safety audits under supervision of the home manager or related healthcare personnel.

(c) Drug safety audit procedures

Review one after the other the environment and conditions of drug storage, drug preparation environment and equipment, drug records, procedures of drug handling by staff and other quality assurance measures in RCHs.

(Template)

Overall Drug Review Register for Year _____

Name of RCH: _____

Month	Date of drug review	Is the information of the residents' drugs ^[Note 1] consistent with that on the "Individual Drug Records"?			Is the information on the "Medication Administration Records" consistent with that on the "Individual Drug Records"?			Erroneous information and follow-up actions	Remarks
		(Yes/No) Please circle as appropriate ^[Note 2]	Name/ Post of the responsible staff	Signature by the responsible staff	(Yes/No) Please circle as appropriate ^[Note 2]	Name/ Post of the responsible staff	Signature by the responsible staff		
1		(Yes / No)			(Yes / No)				
2		(Yes / No)			(Yes / No)				
3		(Yes / No)			(Yes / No)				
4		(Yes / No)			(Yes / No)				
5		(Yes / No)			(Yes / No)				
6		(Yes / No)			(Yes / No)				
7		(Yes / No)			(Yes / No)				
8		(Yes / No)			(Yes / No)				
9		(Yes / No)			(Yes / No)				
10		(Yes / No)			(Yes / No)				
11		(Yes / No)			(Yes / No)				
12		(Yes / No)			(Yes / No)				

[Note 1] : Quantity of drugs stored in the drug cabinets and label descriptions.

[Note 2] : During the review procedure, "No" has to be circled if it is discovered that any resident's drug information is not consistent.



Drug Safety Audits in RCHs

Name of RCH : _____

Date of audit : _____

1. Observing the environment and conditions of drug storage	Yes	No
1.1 Drug cabinets are placed away from direct sunlight.	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Drug cabinets are placed in a dry and cool environment suitable for the storage of drugs	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Drug cabinets are only used to store the drugs of residents.	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Drug cabinets are placed securely in a safe place.	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Drug cabinets are locked and the keys are kept by the staff responsible for handling drugs.	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Drug storage compartments are clearly labelled with the name and bed number of the resident.	<input type="checkbox"/>	<input type="checkbox"/>
1.7 There is no empty space between each drug storage compartment.	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Each drug storage compartment has enough space to store the drugs of individual residents.	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Oral drugs and other pharmaceutical preparations are stored separately:	<input type="checkbox"/>	<input type="checkbox"/>
i. Topical Medicines	<input type="checkbox"/>	<input type="checkbox"/>
ii. Injections	<input type="checkbox"/>	<input type="checkbox"/>
1.10 Each resident's drugs (including PRN drugs) are stored separately in fixed storage compartments of the drug cabinets.	<input type="checkbox"/>	<input type="checkbox"/>
1.11 Drugs stored in the storage compartments are kept in separate bottles or their original packaging.	<input type="checkbox"/>	<input type="checkbox"/>
1.12 There are clear labels on each bottle, box or packet of drugs in the storage compartment.	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	No
1.13 (If applicable) The temperature of the drug storage refrigerator is maintained between 2 and 8 degrees Celsius.	<input type="checkbox"/>	<input type="checkbox"/>
1.14 (If applicable) The temperature of the drug storage refrigerator is monitored daily by the designated staff and the minimum and maximum temperatures are recorded.	<input type="checkbox"/>	<input type="checkbox"/>
1.15 (If applicable) Refrigerators for drug storage are not used to store foods or other articles.	<input type="checkbox"/>	<input type="checkbox"/>
1.16 (If applicable) Refrigerators for storage of drugs or the drug boxes containing drugs that are stored in refrigerators are locked.	<input type="checkbox"/>	<input type="checkbox"/>
1.17 Drugs that have been discontinued by individual residents have been removed from the drug storage compartments of the residents concerned.	<input type="checkbox"/>	<input type="checkbox"/>
1.18 Drugs to be disposed are stored separately.	<input type="checkbox"/>	<input type="checkbox"/>
1.19 Drugs have not expired upon random checking.	<input type="checkbox"/>	<input type="checkbox"/>
2. Observing the drug preparation environment		
2.1 Lighting is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
2.2 The drug preparation environment is quiet and free from interference.	<input type="checkbox"/>	<input type="checkbox"/>
2.3 The table top is clean and tidy with sufficient space for the necessary tools.	<input type="checkbox"/>	<input type="checkbox"/>
2.4 The height of the table surface is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
3. Checking tools for drug preparation and drug giving		
3.1 "Mortar and Pestle" are not made of wood or stone.	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Each resident has a separate medicine cup or pill organiser.	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Medicine cups, pill organisers and pill crushers are kept clean and dry.	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Medicine cups or pill organisers are made of materials which are not easily broken.	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	No
3.5 Medicine cups or pill organisers have sufficient capacity to hold the drugs.	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Medicine cups or pill organisers have a tight cap that does not loosen easily.	<input type="checkbox"/>	<input type="checkbox"/>
3.7 The name of the resident and the time of drug giving are marked clearly on medicine cups or pill organisers.	<input type="checkbox"/>	<input type="checkbox"/>
4. Checking drug records		
4.1 Each resident has complete drug records, including the “Individual Drug Record” and “Medication Administration Record”.	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Upon random checking of 10% of residents, the drug information on their “Individual Drug Records” and “Medication Administration Records” matches the information of the drugs.	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Upon random checking of 10% of residents, their drug allergy information is clearly marked on their “Individual Drug Records” and “Medication Administration Records”.	<input type="checkbox"/>	<input type="checkbox"/>
4.4 In a review of the “Individual Drug Records” and “Medication Administration Records” of residents with a medical consultation record in the last two weeks, the drug information in the two records has been updated as required.	<input type="checkbox"/>	<input type="checkbox"/>
4.5 When staff encounter difficulties, they will call the concerned hospital ward, clinic or hospital pharmacy, and contact the community pharmacies or pharmaceutical companies when necessary (such as drugs not yet labelled) to confirm the name and prescription of drugs.	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	No
5. Observing staff's drug preparation procedures		
5.1 Drug preparation tools have been cleaned and dried before use.	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Hands have been cleaned before drug preparation.	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Drugs are taken out of drug packets/ bottles with medicine spoons or other suitable tools and not directly with hands.	<input type="checkbox"/>	<input type="checkbox"/>
5.4 A pill splitter is used to split drugs.	<input type="checkbox"/>	<input type="checkbox"/>
5.5 The staff are focused during drug preparation without performing other tasks or leaving their position arbitrarily.	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Drugs are prepared according to the residents' most updated "Medication Administration Records"..	<input type="checkbox"/>	<input type="checkbox"/>
5.7 When drugs are taken out of the drug cabinet, the information on the label of the drug packet or bottle is checked to see if it matches the "Medication Administration Record". (First Check)	<input type="checkbox"/>	<input type="checkbox"/>
5.8 When taking drugs out of a drug packet or bottle, the information on the label of the drug packaging is checked to see if it matches the "Medication Administration Record". (Second Check)	<input type="checkbox"/>	<input type="checkbox"/>
5.9 The appropriate space on the "Medication Administration Record" has been signed immediately after completing the drug repackaging procedure.	<input type="checkbox"/>	<input type="checkbox"/>
5.10 Before putting drugs back in the storage compartments of the drug cabinet, the information on the label is checked to see if it matches the "Medication Administration Record". (Third Check)	<input type="checkbox"/>	<input type="checkbox"/>
5.11 After drug preparation, all drug preparation tools are tidied and cleaned.	<input type="checkbox"/>	<input type="checkbox"/>
5.12 The drug cabinet is locked after drugs are put back into the drug cabinet.	<input type="checkbox"/>	<input type="checkbox"/>



6. Observing staff's drug checking procedures		Yes	No
6.1	Drug prepacking and drug checking are separately performed by at least 2 staff members. (If 1 staff member is responsible for both drug prepacking and drug checking, each procedure is carried out separately.)	<input type="checkbox"/>	<input type="checkbox"/>
6.2	The [3 Checks and 5 Rights] is implemented strictly. [3 Checks] <ul style="list-style-type: none"> • First Check : When drugs are taken out of the drug cabinets • Second Check : Before drugs are taken out of drug packets or bottles • Third Check : Before putting drugs back into drug cabinets [5 Rights] <ul style="list-style-type: none"> • Right (1) : Name of residents • Right (2) : Name and dosage form of the drugs • Right (3) : Dosage of the drugs • Right (4) : Time of using the drugs • Right (5) : Route of using the drugs 	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Prepacked drugs are checked carefully according to the information on the "Medication Administration Record" and that on the drug labels.	<input type="checkbox"/>	<input type="checkbox"/>
6.4	(If applicable) The drug expiry date is checked.	<input type="checkbox"/>	<input type="checkbox"/>
6.5	The "Medication Administration Record" is signed after completing the drug checking procedure.	<input type="checkbox"/>	<input type="checkbox"/>



7. Observing staff's drug giving procedures (If applicable) Procedures for drug crushing/ accurate measurement of drugs	Yes	No
7.1 If drugs that need to be administered via a feeding tube cannot be ground or dissolved, the medical practitioner's advice is consulted.	<input type="checkbox"/>	<input type="checkbox"/>
7.2 If drugs must be dissolved in water, they should not be crushed.	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Drugs are crushed only before they are given.	<input type="checkbox"/>	<input type="checkbox"/>
7.4 Thorough cleaning is carried out each time after using pill crushers/ splitters. (This item is not applicable to the pill crusher with a container or pouch.)	<input type="checkbox"/>	<input type="checkbox"/>
7.5 Oral syringe for drug feeding, graduated medicine spoon, or graduated medicine cup is used to accurately measure the dosage of liquid drugs.	<input type="checkbox"/>	<input type="checkbox"/>
Drug giving procedures		
7.6 During giving drugs, perform the [5 Rights] again to confirm that the drugs match the information on the "Medication Administration Record".	<input type="checkbox"/>	<input type="checkbox"/>
7.7 When giving drugs, the staff are focused without chatting or being engaged in other tasks.	<input type="checkbox"/>	<input type="checkbox"/>
7.8 When giving drugs, other residents are not allowed to pass on the drugs on behalf of the staff.	<input type="checkbox"/>	<input type="checkbox"/>
7.9 When giving drugs, drugs are not left on the resident's bedside or on the table.	<input type="checkbox"/>	<input type="checkbox"/>
7.10 When giving drugs, there are measures to prevent undistributed drugs from being used by residents mistakenly.	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	No
7.11 After helping residents take drugs, scrutiny of the medicine cups or pill organisers is performed to make sure no drug left.	<input type="checkbox"/>	<input type="checkbox"/>
7.12 Confirmation is made as to whether residents have swallowed their drugs.	<input type="checkbox"/>	<input type="checkbox"/>
7.13 (If applicable) A record is made immediately when a resident refuses to take drugs.	<input type="checkbox"/>	<input type="checkbox"/>
7.14 The “Medication Administration Record” is signed but never in advance, after completing the drug giving procedure.	<input type="checkbox"/>	<input type="checkbox"/>
8. Observing staff’s drug feeding procedures		
8.1 When a resident needs to take multiple drugs at the same time, the staff administer them one by one.	<input type="checkbox"/>	<input type="checkbox"/>
8.2 After drug has been given via the feeding tube, warm water is used to flush out any drug residue on the tube.	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall review of drugs		
9.1 Staff members are asked whether the number of drug reviews performed each year meets the specified requirement: _____ times.	<input type="checkbox"/>	<input type="checkbox"/>
9.2 The drug review is performed by a nurse or health worker in the RCH.	<input type="checkbox"/>	<input type="checkbox"/>
9.3 The results of the drug review and follow-up actions are recorded clearly and archived.	<input type="checkbox"/>	<input type="checkbox"/>



- | | Yes | No |
|---|--------------------------|--------------------------|
| 10. (If applicable) Medication Risk Management Report | | |
| 10.1 After the occurrence of a near miss or drug incident, the home manager has made prompt investigations and taken follow-up actions on the incident, and completed the “Medication Risk Management Report”. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2 When a resident is admitted to the hospital for treatment due to a drug incident, the home manager of the RCH will submit a “Special Incident Report” together with a “Medication Risk Management Report” to the Licensing Office of Residential Care Homes for the Elderly or the Licensing Office of Residential Care Homes for Persons with Disabilities of the Social Welfare Department within 3 (calendar) days. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Disposal of expired and surplus drugs | | |
| 11.1 Expired and surplus drugs have been disposed in accordance with the requirements of the Environment Protection Department. | <input type="checkbox"/> | <input type="checkbox"/> |

Remarks : _____

Name of the checking person :

Signature of the checking person :

Post of the checking person :

Date of signing :



3.3 Points to Note for Using an Electronic Drug Management System

RCHs should make good use of technology and facilities to establish a complete, accurate and timely updated drug management system to increase the efficiency and accuracy of the handling of drugs in RCHs.

In the use of electronic drug management systems, RCHs should refer to the following principles:

- (1) RCHs must have a comprehensive work procedure, schedule and workflow, and must review them at least once a year and keep the relevant records.
- (2) RCHs should refer to the instructions or operation guidelines provided by the system suppliers concerned.
- (3) If an RCH uses an electronic system for drug preparation and giving, it must have comprehensive and relevant work guidelines and monitoring mechanism to ensure accurate drug preparation and giving.
- (4) The use of electronic systems involves the personal data of residents. RCHs must comply with the requirements of the Personal Data (Privacy) Ordinance and take appropriate measures to properly protect the personal data of residents.
- (5) RCHs should develop contingency measures so that past and up-to-date drug records of residents can be archived in the event of system failures, so as to ensure that the process of drug preparation and giving will not be affected.
- (6) If electronic signatures are used, the RCHs must be able to provide forthwith an accurate and unalterable “Medication Administration Record”, which includes the signatures of the staff responsible for drug preparation and drug giving for inspection at any time. RCHs should also keep the past drug records of residents for reference.



3.4 Medication Risk Management Report

3.4.1 Purpose of the medication risk management report

The function of the medication risk management report is to assist RCHs with their probe of a drug incident with the aim of identifying hidden loopholes in the drug management system to prevent drug incidents from recurrence.

3.4.2 Drug incidents

- (1) Drug incidents refer to the occurrence of any abnormality relating to the administration of drugs, e.g. residents failing to follow the prescriptions in using drugs, using others' drugs mistakenly, using wrong dosages of drugs, using expired drugs, etc. As drug incidents may have a serious impact on residents, RCHs must deal with them forthwith and take remedial action to protect the health of residents.
- (2) Drug incidents often reveal the unidentified loopholes in a drug management system. The home manager should adopt a positive and open attitude and should discuss with the RCH staff responsible for handling drugs for methods of improvement, so as to reduce risks and enhance service quality.



3.4.3 Precautions for completion of the medication risk management report

When completing the medication risk management report, the RCH staff should list out the following facts objectively:

- (1) Information of the residents affected.
- (2) Nature, details and consequences of the drug incident.
- (3) Follow-up actions, including notification of the family members of the residents concerned.
- (4) Possible causes leading to the drug incident and suggestions on prevention of similar incidents.

3.4.4 Precautions for investigation of drug incidents by the home manager

- (1) Pay attention to ways to improve the relevant systems and procedures.
- (2) Consider the emotional reactions of residents and their family members.
- (3) Provide support and counselling for staff.
- (4) Ensure that the investigation into the incident is conducted in a fair and impartial manner.
- (5) For the handling of drug incidents, please refer to section 4.8 of Chapter 4.

(Template)

_____ (Name of RCH)
Medication Risk Management Report
(Incident/ Near Miss)*

**1. Information of the residents affected¹ :**

Name : _____ Age : ____ Gender : _____ Bed No.: ____ ID card number : _____

Name : _____ Age : ____ Gender : _____ Bed No.: ____ ID card number : _____

2. Consequences of drug incident/ near miss² :

Name : _____ Impact on medical condition : _____ Handling : _____

Name : _____ Impact on medical condition : _____ Handling : _____

3. Nature of the incident/ near miss :

Nature of the incident/ near miss	Without errors	With errors	Supplementary information
Resident	<input type="checkbox"/>	<input type="checkbox"/>	
Drug and dosage form	<input type="checkbox"/>	<input type="checkbox"/>	
Dosage (including missed or duplicated dose)	<input type="checkbox"/>	<input type="checkbox"/>	
Time of drug giving	<input type="checkbox"/>	<input type="checkbox"/>	
Route of drug giving	<input type="checkbox"/>	<input type="checkbox"/>	
Others : _____			

4. Details of the incident/ near miss :

5. Residents' family members notified

Resident's name : _____ Name of family member : _____ Date/ time : _____

Resident's name : _____ Name of family member : _____ Date/ time : _____

6. Immediate follow-up actions taken :



_____(Name of RCH)
Medication Risk Management Report
(Incident/ Near Miss)*

7. Possible causes leading to the drug incident/ near miss³ :

Possible causes leading to the drug incident/ near miss (multiple selections allowed)	Supplementary information
<input type="checkbox"/> Information on drug labels (Unclear information on resident's name, drug name, dosage form, dosage, frequency/ time of administration, route of administration, etc.)	
<input type="checkbox"/> Storage of drugs (Deterioration of drugs, expiration of drugs, chaotic placement, etc.)	
<input type="checkbox"/> Assistive devices (Wear-and-tear of medicine cups/ pill organisers, unclear labels, dirty drug crushing tools, etc.)	
<input type="checkbox"/> Environmental factors (Work affected by insufficient light or other environmental factors)	
<input type="checkbox"/> Knowledge and skills (Failing to comply strictly with "3 Checks and 5 Rights", etc. when handling, checking and giving drugs)	
<input type="checkbox"/> Drug records (Records not updated, missing data in records, drug allergy history omitted, etc.)	
<input type="checkbox"/> Communication with the residents (Failing to understand the residents' needs, failing to explain clearly, etc.)	
<input type="checkbox"/> Staff and drug handling procedures (Division of work among staff, workflow, etc.)	
<input type="checkbox"/> Others	

8. Suggestions on prevention of similar events in future :

9. Reporting staff

Name : _____ Post : _____

Signature : _____ Date of reporting : _____



_____ (Name of RCH)

Medication Risk Management Report (Incident/ Near Miss)*

10. Follow-up report by home manager

Name : _____ Post : _____

Signature : _____ Date of reporting : _____

Remark :

* Please delete as appropriate

Incident : Any event that should be handled immediately to protect the residents' health or safety.

Near miss : Potential risks that have not yet jeopardised residents' health, e.g. drugs are almost given mistakenly.

¹ **Residents affected :** Residents who have almost taken drugs mistakenly, or residents who have not used drugs correctly

² **Consequences of drug incident/ near miss :**

Impact on medical condition : Use of drug timely averted/ No discomfort observed/
Discomfort experienced/ Death

Handling : Under observation/ Sent to clinic for treatment/ Attended by visiting medical practitioner/ Hospitalised for treatment.

When the drug incident is of a serious nature, i.e. the residents affected hospitalised for treatment, the responsible person of the RCH must report it to the Licensing Office of Residential Care Homes for the Elderly or the Licensing Office of Residential Care Homes for Persons with Disabilities within 3 calendar days by submitting the "Special Incident Report" together with the "Medication Risk Management Report".

³ **Possible causes leading to the drug incident/ near miss :**

Other observations found, apart from the direct causes, can also be filled in.

(Sample)

Very Good Residential Care Home (Name of RCH)
Medication Risk Management Report
(Incident/ Near Miss)*

**1. Information of the residents affected¹ :**Name : Wong Hoi-sum Age : 80 Gender : Female Bed No.: A12 ID card number : C668668(E)Name : Chan Fai-lok Age : 75 Gender : Female Bed No.: A08 ID card number : C688688(0)**2. Consequences of drug incident/ near miss² :**Name : Wong Hoi-sum Impact on medical condition : No discomfort observed Handling : Attended by visiting medical practitionerName : Chan Fai-lok Impact on medical condition : No discomfort observed Handling : Attended by visiting medical practitioner**3. Nature of the incident/ near miss:**

Incident/ Near miss	Without errors	With Errors	Supplementary information
Resident	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wong Hoi-sum mistakenly took Chan Fai-lok's drugs
Drug and dosage form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frusemide (Lasix) Tablet
Dosage (including missed or duplicated dose)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40mg
Time of drug giving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Once in the morning
Route of drug giving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oral

4. Details of the incident/ near miss :

A resident suddenly vomited when drugs were being given at 7.00 a.m. A staff member had to handle it so he casually put Chan Fai-lok's drugs (Frusemide (Lasix) Tablet 40mg) on Wong Hoi-sum's bedside. Chan Fai-lok's medicine cup was found emptied on Wong Hoi-sum's bedside only after Chan queried at 8.00 a.m. why no drugs had been given to her. It was then discovered that Wong Hoi-sum had taken Chan Fai-lok's drugs after making an enquiry with Wong Hoi-sum.

5. Residents' family members notifiedResident's name : WONG Hoi-sum Name of family member : CHEUNG Kin-hong Date/ time : 1.8.2018/ 10 a.m.Resident's name : CHAN Fai-lok Name of family member : LEE Hang-fuk Date/ time : 1.8.2018/ 11 a.m.**6. Immediate follow-up actions taken :**

Wong Hoi-sum and Chan Fai-lok were asked if they had experienced any discomfort. Their blood pressure and pulse were checked. Drugs were re-distributed to Chan Fai-lok.

Wong Hoi-sum's and Chan Fai-lok's blood pressure and pulse were checked for three times (once every hour) and the results were found normal. The two residents did not experience any discomfort either. (For details, please refer to Wong Hoi-sum's and Chan Fai-lok's "Personal Health and Nursing Records"). At 3 p.m., Wong Hoi-sum's and Chan Fai-lok's conditions were assessed by a medical practitioner, who believed that they were stable and further treatment was unnecessary. The medical practitioner also reminded the staff that they should be cautious in handling drugs.

(Sample)

Very Good Residential Care Home (Name of RCH)
Medication Risk Management Report
(Incident/ ~~Near Miss~~)^{*}



7. Possible causes leading to the drug incident/ near miss³ :

Possible causes leading to the drug incident/ near miss (multiple selections allowed)	Supplementary information
<input type="checkbox"/> Information on drug labels (Unclear information on resident's name, drug name, dosage form, dosage, frequency/ time of administration, route of administration, etc.)	
<input type="checkbox"/> Storage of drugs (Deterioration of drugs, expiration of drugs, chaotic placement, etc.)	
<input type="checkbox"/> Assistive devices (Wear-and-tear of medicine cups/ pill organisers, unclear labels, dirty drug crushing tools, etc.)	
<input type="checkbox"/> Environmental factors (Work affected by insufficient light or other environmental factors)	
<input type="checkbox"/> Knowledge and skills (Failing to comply strictly with "3 Checks and 5 Rights", etc. when handling, checking and giving drugs)	
<input type="checkbox"/> Drug records (Records not updated, missing data in records, drug allergy history omitted, etc.)	
<input type="checkbox"/> Communication with the residents (Failing to understand the residents' needs, failing to explain clearly, etc.)	
<input checked="" type="checkbox"/> Staff and drug handling procedures (Division of work among staff, workflow, etc.)	A resident vomited in that morning, so the workload was heavier than usual.
<input checked="" type="checkbox"/> Others	The staff responsible for giving drugs casually placed Chan Fai-lok's drugs on Wong Hoi-sum's bedside, which led to Wong Hoi-sum taking Chan Fai-lok's drugs mistakenly.

8. Suggestions on prevention of similar events in future :

The drug giving procedure should be suspended in case of emergency. Drugs should not be casually placed.

9. Reporting staff

Name : Ho Siu-sam Post : Health Worker

Signature : Siu-sam Date of reporting : 1.8.2018

(Sample)



Very Good Residential Care Home (Name of RCH)

**Medication Risk Management Report
(Incident/ ~~Near Miss~~)***

10. Follow-up report by home manager

Conducted review and exercise with staff responsible for handling drugs, to familiarise them with proper response in case that an emergency occurs during the drug preparation and giving processes. The monitoring of staff's drug preparation and giving procedures have been strengthened to ensure that there are no errors.

Name : Leung Mo-ho Post : Home Manager

Signature : Ho-ho Date of reporting : 2.8.2018

Remark :

*** Please delete as appropriate**

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