ATHE LEVEL 3 DIPLOMA IN HEALTH AND

SOCIAL CARE

Working in Health and Social Care Assignment

CONTENTS

Training Resource for Person Centred Practice

1.1 Definition of Person-Centred Practice

Personalisation is about tailoring services to the preferences and needs of the individual. At its core is the belief that people are far more likely to engage with a service if it is designed to meet their needs and is built on their strengths. 'Services' can include anything from employment services, service delivery to advocacy. PCP means that the person is directing the service rather than the service directing the person. This means that the person should have some level of control over which services they access and how that service is delivered. (Minvielle et al.2021) (Chandra et al.2022)(Lu et al.2021)

Person Centred Practice (PCP) is an orientation to services which enables people with a disability to live their lives the way they choose. It is based on the belief that people with disability are entitled to the same rights, responsibilities, choices, beliefs, and actions as any other person. PCP is also about providing opportunities for people with a disability to be the ones who are making the decisions that affect their lives. If a person has a significant disability, there is a strong likelihood that others will control the direction of their life. PCP is about turning around the 'power issue' and enabling the person to be in control to the greatest extent possible.

Person-centred practice is a fundamental approach in the field of health medicine and nursing emphasizing the importance of empowering individuals and promoting their autonomy and well-being (McCormack & McCance 2006). A crucial aspect of this approach is the concept of positive risk-taking which involves encouraging individuals to take calculated risks to enhance their personal growth and development (Boardman et al. 2014).

Understanding the concept of person-centred practice

Person centred practice is a comprehensive and widely accepted set of values and beliefs on the best way to approach and implement support and/or help on a diverse range of older adults. Whether the help is needed due to an unexpected change in health or mobility, a long-term condition or due to other social care needs, person centred practice can be used in any context where the main focus is on trying to help a person in a way that is in their best interest. Person centred practice seeks to help individuals to help themselves, achieve the best that they can, and maintain as much control and independence as possible. It is seen as a partnership between the person and those that are providing the help. Person centred practice is being aware of and being sensitive to the person's feelings, thoughts, and needs, using this as a guide to helping decide the best way to support someone. It is looking at the world from the other person's point of view, empowering the person and making them feel part of the process and that they are involved. This was written by Helen Sanderson in 2003 and is widely used by all health and social care professionals to build a better understanding and give the best care to individuals. (healthandwell.com)

Key principles of person-centred practice

In a person-centred approach, the individual is placed at the centre of their care and their wants and needs are identified and acknowledged to deliver the right care for them. In the setting of intellectual disability services, person-centred practice is the calculated way support is delivered, which enables the person to gain a better standard of life in a way in which the person has control. Person-centred practice also involves the family and carers of the individual and ensures the person is kept in the centre of all planning and actions. Person-centred practice is now considered best practice in the disability sector. Person-centred practice is an ongoing process,

which is reviewed, and changes made in line with the needs and aspirations of the individual over time. There are a few core principles in person-centred practice which must be considered when supporting a person with intellectual disabilities. These principles are part of the process of change for the person and the support network, to a more fulfilling and self-determined way of life. To identify and implement the actions needed to support the person at this individual level, the use of person-centred thinking is required. Person-centred thinking tools and training forms a critical aspect in the process towards achieving a greater quality of life for the person. Once support workers have knowledge and skills in applying these tools, the person is better able to be understood as an individual and decision making can be made specific to their needs. This leads to the person being provided the right support to achieve their goals.

Importance of individual preferences and needs

In terms of person-centred practice within learning disability services, it involves both the service user and their carers having an active role in the planning and provision of service. This is a slight adaption to the NHS Executive (1998, cited in Lemos and Rogers 2006) definition, which states that person centred care is health care that is respectful and responsive to individual patient preferences and needs. This is a direct reflection on the individual's own health needs, and no one can access another person's health needs better than the person themselves. Lemos and Rogers (2006) say that for the health needs of service users to be met, it is important that 'both the learning-disabled individual and their circle of support are fully prepared to move into a world where they realise that they have possibilities and can expect to get what they want from life'. This is a world away from the historically institutionalised lifestyle experienced by many people with learning disabilities. Person centred practice is encouraging and enabling individuals to build up a wider range of choices and to create for themselves the very best quality of life within their local communities. So, in essence, it is about trying to understand and do what is important for the person. This is an extremely important factor within learning disability services as it can be argued that until community-based services were developed, too many people with learning disabilities were marginalised and never really had a chance to explore and develop their capabilities. While the quality of care and service delivery might not

have always been first class, it was some learning disability service users first real taste of what they wanted in life. Therefore, for people who have experienced various forms of institutional living it is now more than ever important that they have access to services which are tailored to helping them live the life they want to live.

Carl Rogers argues that from a psychological perspective, person centred therapy consists of individuals finding their way to the best psychological vantage point. A position from which they may be able to focus on the world in a more perceptive, open, and accepting manner.

Canterbury et al (2003) state that person centred practice is acting in a manner which shows respect for the individual and utilises the partnership between the person and the health professional. It is a way of assisting an individual in planning their life and to better understand and develop their own capabilities. It is a partnership in which the health professional assists the individual to reach their full potential.

1.2 Contribution of Person-Centred Ways of Working to Continuity of Care

Applying the Person-centred Values in Practice: A practical guide for the maintenance and continuity of a person-centred approach for older people throughout their health and social care experience. This practical guide aims to provide older people, their informal carers, health and social care practitioners, and commissioners with a clear guide and practical tools and skills to clearly understand the importance of maintaining a person-centred approach for older people and to provide evidence-based tools and resources to do this. Older people and their carers helped to design this guide and took an active part in its development. This guide was influenced by the fact that older people sometimes worry that professionals and services do not hold the same values as person-centred care and that they slowly drift away from this over a period. This guide will look at ways to prevent this from happening. It was also decided that it would be useful for all people involved in older people's care, not just health and social care practitioners. Person-centred care means ensuring people are involved and given information about their health and care. It involves being guided by the older person and ensuring their preferences and needs are met and ensuring that they are treated with dignity and respect. Older

people stated that maintaining a person-centred approach was important to them in many different care settings. This guide aims to cover a range of health and social care settings to provide a continuity of approach for older people. Higher quality care can be achieved by maintaining a person-centred approach. Through improving older people's experiences of health and social care, it will also help to reduce inequalities, improve outcomes, and ensure that services are more effective and efficient.

1.3. Role of Safeguarding and Protection in Person Centred Practice

Introduction

In this introduction, we will be discussing the understanding of the role of safeguarding and protection in person-centred practice. Person-centred practice is the process of caring for and safeguarding individuals suffering from different types of problems. In this practice, service users will be enabled to say what they want, feel included, choose the service that will best help them, and oversee their own life. Person-centred practice develops the relationship between service users and practitioners as the main key. This relationship in person-centred practice gives more empathy and understanding of the situation of the service user to the practitioner.

An introduction to the process, well it's simple: taking the information from the sources and different types of published data. The first task of the research-based project is to understand and then highlight the key and important points of the assignment. In simple words, it is the summary of what the assignment is all about, what information it contains, and what the assignment is going to prove.

Roles

In person-centred practice, safeguarding and protection play a crucial role in ensuring the safety, well-being, and dignity of individuals. While promoting autonomy and self-determination, it's essential to safeguard individuals from harm, abuse, neglect, or exploitation. This involves creating a supportive and empowering environment where individuals feel safe to express their needs and concerns without fear of repercussion. Safeguarding measures may include risk assessments,

establishing clear boundaries, providing education and training, and implementing policies and procedures to detect and respond to safeguarding concerns promptly. By integrating safeguarding principles into person-centred practice, professionals can uphold individuals' rights while also mitigating risks and ensuring their overall safety and welfare.

For all person-centred work, the safety and welfare of individuals is an important consideration. Safeguarding is fundamentally about protecting the vulnerable from harm, abuse, and neglect. However, the principles and best practice methods are universal and can be applied to anyone at any stage in their life (Training Mark, 2008). Despite its importance in protecting those using health and social care services, safeguarding has only recently become a well-recognized area of practice. Case reviews into serious failures to protect individuals from harm, such as the Laming report on Victoria Climbié, and more recent instances of abuse suffered by those with learning disabilities or mental health problems, have led to a greater awareness of the need to enforce safeguarding procedures (DH, 2008). Better safeguarding was also highlighted as a key area for improvement by the Commission for Social Care Inspection (now the CQC), with the idea being to identify best practice and use it to drive improvement in the quality of care provided (CSCI, 2008). This all led to the passing of the Safeguarding Vulnerable Groups Act (2006) and its incorporation into the Care Standards Act (2000) to ensure that checks can be carried out on any person working with children or vulnerable adults.

1.4. Benefits of Positive Risk Taking for Individuals Accessing Services

Benefits of positive risk-taking in person-centred practice

The benefits of positive risk-taking in person-centred practice are multifaceted. Firstly, it fosters a sense of independence and self-determination for individuals accessing services. By allowing them to make informed choices and take responsible risks they develop a greater sense of control over their own lives leading to increased self-confidence and self-esteem (Boardman et al. 2014). This in turn can have a positive impact on their overall well-being and quality of life.

Moreover, positive risk-taking can facilitate personal growth and learning. When individuals are given the opportunity to step outside their comfort zones and try new things, they are more likely to develop new skills expand their horizons and gain a deeper understanding of themselves and their capabilities (Boardman et al. 2014). This process of self-discovery can be empowering and can lead to a greater sense of purpose and fulfilment.

Additionally positive risk-taking can strengthen the therapeutic relationship between individuals and their healthcare providers. By demonstrating trust and supporting individuals in their risk-taking endeavours healthcare professionals can foster a more collaborative and trusting partnership which is essential for effective person-centred care (McCormack & McCance 2006).

Conclusion

In conclusion the benefits of positive risk-taking in person-centred practice are significant and multifaceted. By empowering individuals promoting personal growth and strengthening therapeutic relationships this approach can contribute to the overall well-being and quality of life of those accessing health medicine and nursing services.

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TASK 2

Communication in Health and Social Care Settings

Introduction:

Communication is a fundamental aspect of health and social care settings, serving as the cornerstone for building relationships, understanding needs, and providing effective care. This report aims to explore the role of communication in these settings, detailing various methods of communication, identifying barriers, describing information handling procedures, and elucidating principles of confidentiality.

2.1 . Role of Communication in Health and Social Care

Communication plays a pivotal role in health and social care by facilitating the exchange of information, understanding, and emotional support between service users, their families, and care providers. It ensures that individuals' needs and preferences are understood, leading to better treatment outcomes and overall well-being. Effective communication fosters trust, empathy, and collaboration, essential elements for delivering person-centred care and promoting dignity and respect.

2.2. Methods of Communication Used in Health and Social Care:

Verbal Communication: This includes spoken language, such as face-to-face conversations, telephone calls, and group discussions. It allows for immediate feedback and clarification.

Non-verbal Communication: Body language, facial expressions, gestures, and eye contact convey messages and emotions without words, aiding in understanding and empathy.

Written Communication: Utilized for documentation, including medical records, care plans, and written instructions. It provides a permanent record and ensures continuity of care.

Technological Communication: Email, text messaging, video conferencing, and telehealth platforms enable remote communication, improving accessibility and convenience, especially in situations like telemedicine consultations.

2.3 Barriers to Communication in Health and Social Care:

Language and Cultural Differences: Variations in language proficiency and cultural norms may impede understanding and hinder effective communication.

Sensory Impairments: Hearing or vision impairments can hinder the ability to perceive verbal and non-verbal cues, necessitating alternative communication methods.

Physical Barriers: Environmental factors like noise, overcrowding, or uncomfortable seating arrangements can interfere with communication.

Emotional Barriers: Fear, anxiety, or stigma associated with health conditions may inhibit open communication.

Power Imbalance: Hierarchical structures within healthcare settings can discourage service users from expressing their concerns or preferences openly.

Technological Barriers: Limited access to technology or lack of digital literacy can hinder communication, particularly in remote or rural areas.

2.4 Information Handling and Recording Procedures:

Information handling in health and social care settings adheres to strict protocols to ensure accuracy, confidentiality, and data protection. This includes:

- Secure electronic or paper-based record-keeping systems.

- Regular audits and training to maintain data integrity.

- Adherence to legal frameworks such as the Data Protection Act or Health Insurance Portability and Accountability Act (HIPAA).

2.5 Principles and Practices Relating to Confidentiality:

Confidentiality is paramount in health and social care to uphold trust and safeguard sensitive information. Key principles and practices include:

- Obtaining informed consent before disclosing personal information.

- Limiting access to confidential data to authorized personnel only.

- Ensuring encryption and password protection for electronic records.

- Destroying or anonymizing records when they are no longer required.

2M1 Factors Influencing Confidentiality Maintenance:

Factors influencing the maintenance of confidentiality in health and social care include:

- Staff training and awareness programs on confidentiality policies.

- Adequate infrastructure for secure data storage and transmission.

- Clear guidelines for sharing information with other healthcare professionals or agencies.

- Ethical considerations regarding the balance between confidentiality and the duty to protect individuals from harm.

2D1 Strategies to Overcome Communication Barriers:

Strategies employed in health and social care settings to overcome communication barriers include:

- Providing interpreter services or language support for non-native speakers.

- Offering communication aids for individuals with sensory impairments.

- Creating inclusive environments that respect cultural diversity and promote open dialogue.

- Implementing regular communication training for staff to enhance interpersonal skills and sensitivity.

Conclusion:

Effective communication is the linchpin of successful health and social care provision, fostering understanding, trust, and collaboration between service users and care providers. By employing diverse communication methods, addressing barriers, and upholding principles of confidentiality, these settings can ensure the delivery of person-centred care that respects individuals' rights and preferences.

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Preventing and Controlling the Spread of Infection in Health and Social Care Settings

Introduction:

In health and social care settings, preventing and controlling the spread of infection is paramount to ensure the safety and well-being of service users, staff, and visitors. This training guide aims to provide essential knowledge and strategies for new staff members to understand and implement infection control measures effectively.

3.1 Explanation of the Cause and Spread of Infection:

Infection occurs when harmful microorganisms, such as bacteria, viruses, fungi, or parasites, invade the body and multiply. These microorganisms can spread through various routes:

2.1. Direct Contact: Transmission occurs through physical contact with an infected person, their bodily fluids, or contaminated surfaces.

2.2. Indirect Contact: Transmission occurs through contact with contaminated objects, equipment, or environmental surfaces.

2.3. Airborne Transmission: Microorganisms are dispersed through droplets released into the air when an infected person coughs, sneezes, or talks.

2.4. Droplet Transmission: Larger respiratory droplets from an infected person enter the eyes, nose, or mouth of another person in proximity.

2.5. Vector-borne Transmission: Certain infections are spread through vectors such as mosquitoes, ticks, or animals carrying infectious agents.

3.2 Importance of Preventing and Controlling the Spread of Infection:

Preventing and controlling the spread of infection is vital for several reasons:

3.1. Protection of Vulnerable Individuals: Service users may have weakened immune systems, making them more susceptible to infections, which can lead to severe illness or complications.

3.2. Prevention of Outbreaks: Infection outbreaks can quickly escalate, leading to widespread illness, disruption of services, and increased healthcare burden.

3.3. Maintaining Staff Health: Controlling infection spread safeguards the health and well-being of staff, reducing absenteeism and maintaining service continuity.

3.4. Preservation of Public Health: Health and social care settings are interconnected with the broader community, and preventing infection spread within these settings helps protect public health.

3.3 Explanation of How to Reduce the Spread of Infection:

To reduce the spread of infection effectively, staff should adhere to the following principles and practices:

4.1. Hand Hygiene: Regular handwashing with soap and water or using alcohol-based hand sanitizers helps remove and kill harmful microorganisms.

4.2. Personal Protective Equipment (PPE): Wearing appropriate PPE, such as gloves, masks, gowns, and eye protection, provides a barrier against infection transmission.

4.3. Environmental Cleaning: Routine cleaning and disinfection of surfaces, equipment, and high-touch areas minimize the presence of infectious agents.

4.4. Respiratory Hygiene: Encouraging proper respiratory etiquette, including covering coughs and sneezes with tissues or elbows, helps prevent droplet transmission.

4.5. Safe Handling and Disposal: Proper disposal of waste, contaminated materials, and sharps reduces the risk of infection spread.

4.6. Isolation and Cohorting: Segregating individuals with known or suspected infections helps contain the spread within the facility.

4.7. Vaccination: Ensuring staff and service users receive recommended vaccinations protects against vaccine-preventable diseases.

3M1 Managing an Outbreak of Infection in a Health and Social Care Setting:

In the event of an outbreak, the following steps are typically involved:

5.1. Identification and Notification: Prompt identification of cases and notification to relevant authorities, such as public health agencies.

5.2. Isolation and Quarantine: Isolating affected individuals and implementing quarantine measures to prevent further transmission.

5.3. Contact Tracing: Identifying and notifying individuals who may have been exposed to the infection for monitoring and preventive measures.

5.4. Enhanced Infection Control Measures: Intensifying cleaning, disinfection, and personal protective measures to contain the outbreak.

5.5. Communication and Education: Providing clear and timely communication to staff, service users, and stakeholders about the outbreak, preventive measures, and updates.

3D1 **Assessment of How Risk Assessment Can Contribute to Reducing the Spread of Infection:**

Risk assessment plays a crucial role in infection control by:

6.1. Identifying Potential Hazards: Assessing the environment, practices, and procedures to identify potential sources of infection transmission.

6.2. Determining Risk Levels: Evaluating the likelihood and consequences of infection spread to prioritize control measures.

6.3. Implementing Control Measures: Based on the risk assessment findings, implementing appropriate control measures such as hand hygiene protocols, PPE use, and environmental cleaning.

6.4. Monitoring and Review: Regularly monitoring adherence to infection control measures and reviewing risk assessments to adjust strategies as needed to minimize infection risk.

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1. World Health Organization. (2014). Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care. Geneva.

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Analysis and Review of Partnership Working in Health and Social Care Organization

Introduction:

In this analysis and review, we will examine the partnership working approach within a healthcare setting. Specifically, we will describe different working relationships, explain the role of an advocate, discuss the importance of partnership working, and evaluate the role of teams in service delivery.

4.1 Description of Different Working Relationships:

2.1. Interprofessional Collaboration: Healthcare professionals from different disciplines, such as doctors, nurses, pharmacists, and social workers, collaborate to provide comprehensive care to patients.

2.2. Intragroup Collaboration: Within a specific discipline, team members work together to achieve common goals, such as nursing staff working together on patient care plans.

3.3. Interagency Collaboration: Collaboration between different organizations, such as hospitals, community health centres, and social service agencies, to coordinate care and support for individuals accessing services.

4.2 Explanation of the Role of an Advocate:

An advocate plays a crucial role in supporting individuals accessing services by:

- Providing information and guidance to help individuals understand their rights and options.

- Representing the interests and preferences of individuals in decision-making processes.

- Empowering individuals to voice their concerns and navigate complex healthcare systems.

- Ensuring that individuals receive fair treatment and access to appropriate services.

4.3 Explanation of Why Partnership Working is Important:

Partnership working is essential in health and social care settings for several reasons:

- Improved Patient Outcomes: Collaborative efforts lead to better coordination of care, resulting in improved health outcomes for individuals.

- Holistic Approach: Partnership working allows for a holistic approach to care, addressing not only medical needs but also social, emotional, and psychological aspects.

- Efficiency and Resource Optimization: By pooling resources and expertise, organizations can optimize service delivery and use resources more efficiently.

- Enhanced Communication: Collaboration fosters effective communication between professionals, service users, and their families, leading to better-informed decision-making and shared decision-making processes.

4.4 Evaluation of the Role of Teams in Coordinated Service Delivery:

Teams play a vital role in providing a coordinated approach to service delivery by:

- Specialization and Expertise: Teams comprise members with diverse skills and expertise, allowing for comprehensive assessment and tailored interventions.

- Shared Goals and Responsibilities: Teams work towards common goals, ensuring that each member contributes to achieving desired outcomes.

- Communication and Collaboration: Effective teamwork promotes open communication and collaboration, facilitating the exchange of information and seamless coordination of care.

- Continuity of Care: Through regular team meetings and shared documentation, teams ensure continuity of care, even as service users transition between different settings or providers.

Conclusion:

Partnership working is fundamental in health and social care organizations, facilitating collaboration, improving outcomes, and enhancing the quality of care provided to individuals accessing services.

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LO5 Understanding Care Planning

5.1 Purpose of Care Planning:

Care planning is a vital process in health and social care settings aimed at ensuring individuals receive consistent, recorded care tailored to their needs, wishes, and preferences. The primary purposes of care planning are:

- To provide personalized care: Tailoring care plans to individual needs ensures that each person receives the specific support they require.

- To ensure consistency: Care plans outline standardized approaches to care, ensuring that individuals always receive the same level of support.

- To record care given: Documentation of care provided allows for tracking progress, identifying trends, and ensuring accountability.

- To support individuals: Care planning empowers individuals to identify their own needs, preferences, and goals, promoting autonomy and self-management.

5.2 Roles and Responsibilities in the Care Planning Process:

The care planning process involves various roles and responsibilities to ensure comprehensive and effective support. Key roles include:

- Service User: Active participation in identifying needs, preferences, and goals, and providing feedback on care provided.

- Care Professionals: Assessing needs, developing care plans, implementing interventions, and regularly reviewing and updating care plans.

- Family/Carers: Providing input into care planning, offering support and advocacy for the service user, and collaborating with care professionals.

- Managers/Supervisors: Overseeing the care planning process, ensuring compliance with policies and regulations, and providing support and guidance to care staff.

5.3 Involvement of the Individual in Care Planning and Review:

It is essential to ensure that the individual is actively involved in all stages of care planning and review. This can be achieved by:

- Initial Assessment: Conducting thorough assessments to understand the individual's needs, preferences, strengths, and goals.

- Goal Setting: Collaborating with the individual to set realistic and achievable goals based on their aspirations and priorities.

- Shared Decision-Making: Involving the individual in decision-making processes regarding their care, treatment options, and support preferences.

- Regular Review: Conducting regular reviews of care plans to assess progress, address changing needs, and update interventions as necessary.

- Open Communication: Maintaining open and transparent communication with the individual, actively listening to their feedback, concerns, and suggestions.

5M1 Ways to Overcome Barriers to Implementing Care Plans:

Barriers to implementing care plans can include lack of communication, inadequate resources, resistance to change, and cultural differences. Strategies to overcome these barriers may include:

- Effective Communication: Ensuring clear and concise communication between all stakeholders involved in care planning.

- Training and Education: Providing training and education to staff on care planning processes, person-centred care, and communication skills.

- Resource Allocation: Securing adequate resources, including staffing, equipment, and funding, to support the implementation of care plans.

- Cultural Sensitivity: Recognizing and respecting cultural differences and adapting care plans accordingly to meet diverse needs.

- Continuous Quality Improvement: Establishing mechanisms for regular monitoring, evaluation, and feedback to identify areas for improvement and implement corrective actions.

5D1 To gain a distinction grade you must also: Critically review the challenges of developing care plans that meet the needs of the individual and their agreed outcomes

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6.1 Common Types of Medication and Their Effects

1.1. Analgesics: Pain relievers such as paracetamol, ibuprofen, and opioids like morphine. Side effects may include gastrointestinal irritation, drowsiness, and addiction (in the case of opioids).

1.2. Antibiotics: Used to treat bacterial infections. Side effects can include allergic reactions, gastrointestinal upset, and antibiotic resistance.

1.3. Antidepressants: Medications like SSRIs (Selective Serotonin Reuptake Inhibitors) and tricyclic antidepressants. Side effects may include nausea, weight gain, and sexual dysfunction.

1.4. Antihypertensives: Drugs to lower blood pressure like ACE inhibitors and beta-blockers. Side effects may include dizziness, fatigue, and dry cough.

1.5. Anticoagulants: Medications to prevent blood clotting, such as warfarin and heparin. Side effects can include bleeding, bruising, and allergic reactions.

6.2 Routes of Administration

2.1. Oral: Medication is taken through the mouth and swallowed.

2.2. Topical: Medication is applied to the skin or mucous membranes.

2.3. Injectable: Medication is administered through injection, either subcutaneously, intramuscularly, or intravenously.

2.4. Inhalation: Medication is breathed into the lungs via inhalers or nebulizers.

6.3 Administering Medication Safely and in Line with Legislation

3.1. Checking the Prescription: Ensure the medication matches the prescription and is appropriate for the individual.

3.2. Verify Patient Identity: Confirm the patient's identity before administering medication to avoid errors.

3.3. Follow the Five Rights: Administer the right medication, in the right dose, through the right route, at the right time, and to the right patient.

3.4. Check for Allergies: Confirm the patient is not allergic to the medication being administered.

3.5. Document Administration: Record the administration of medication, including dose, route, time, and any observed reactions.

6.4 Record Keeping

4.1. Storage: Medications should be stored in a secure, locked cabinet or room, according to manufacturer's instructions and local regulations.

4.2. Administration: Document each instance of medication administration, including the patient's name, date, time, dose, route, and any adverse reactions.

4.3. Disposal: Dispose of expired or unused medications according to local guidelines, ensuring proper disposal to prevent environmental contamination.

6D1 Standard Precautions for Infection Control

5.1. Hand Hygiene: Wash hands thoroughly before and after administering medication.

5.2. Personal Protective Equipment (PPE): Use gloves when handling medications to prevent contamination.

5.3. Clean Environment: Ensure the medication administration area is clean and free from contamination.

5.4. Safe Injection Practices: Use sterile equipment and proper technique when administering injectable medications to prevent infections.

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