Endorsed by
ROYAL PHARMACEUTICAL SOCIETY

Faculty of Forensic & Legal Medicine

Safe and Secure Handling and Supply of Medicines in Sexual Assault Services for Adults and Children

Jun 2020 Review date Jun 2023 – check www.fflm.ac.uk for latest update

Introduction

Sexual Assault services are delivered in Sexual Assault Referral Centres (SARCs). These centres are accessed by people, both adults or children, who have or may have experienced sexual assault or abuse. *The Strategic Direction for Sexual Assault and Abuse Services – lifelong care for victims and survivors 2018-2023* describes the plans for developing and improving these services.

In England, SARC services are commissioned by NHS England, using a national service specification, in partnership with the police, local authorities and clinical commissioning groups and promote all agencies to work together in the best interests of people accessing the SARC service. The SARC service cannot work in isolation and must work with partners to deliver safe, effective clear pathways of care. This creates a complex landscape of service provision and requires partnership working in accessing medicines and using relevant professional standards.

The provider of healthcare and forensic services at the SARC delivers these by providing a safe service and appropriate staffing capacity at all times. This includes responsibility for co-ordinating the smooth running of the SARC service and liaising with partner organisations to ensure the profile of the service is maintained.

The delivery aim of the SARC is to provide people accessing it with:

1. Acute healthcare and support in age-appropriate settings;
2. A comprehensive forensic medical examination;
3. Follow up services which address the person's medical, psychosocial and on-going needs;
4. Direct access or referral to Independent Sexual Assault Advisor (ISVA).

People accessing the SARC are usually seen by a clinician within an hour; however, this may be longer depending on travelling time and many are seen by pre-arranged appointment. People usually spend about 2 – 4 hours in the SARC overall. However, they will be referred for follow up care which will be delivered by the SARC or partner organisations and service providers which will continue for as long as the person needs.

This document describes the safe use and handling of medicines administered or supplied at the SARC or which are identified as needed after the person's consultation at the SARC.

The medicines pathway in SARCs

In all health settings, including SARCs, the medicines pathway is described under the following elements: prescribing, obtaining medicines, their transport, receipt, storage, issuing of medicines, and their removal or disposal. In a SARC, the range of medicines held may be low compared to other healthcare settings, but they are critical in ensuring prompt access and effective clinical outcomes. The recent guidance, *Safe and secure handling of medicines*, 2018, published by the Royal Pharmaceutical Society is relevant for SARC services and should be used alongside the standards described in this document.

As with other NHS services, providers of sexual assault services can use FP10 community prescription forms to allow people to access medicines from a community pharmacy when the medicines are not supplied at the SARC. Patient Group Directions can be used in SARCs in line with legislation and national guidance, thus enabling provision of medicines by other healthcare professionals (HCPs), e.g. in a service which is nurse-led.

How the SARC medicines standards are described in this document

The medicines standards for SARCs are described in four domains that follow the stages in the person's care at the SARC and beyond. This approach was chosen to provide a person-centred approach to the standards as they are at the centre of optimising the use and outcomes from medicines. The domains are:

Domain 1: Arriving at the SARC and meeting people's initial medicines needs.

Domain 2: People safely receive medicines they need during their consultation at the SARC.

Domain 3: People can continue to access medicines initiated in the SARC where needed.

Domain 4: People have their medicines optimised within a robust governance framework.

DOMAIN 1 Arriving at the SARC and meeting people's initial medicines needs

1.1 On receiving a request for a person of an alleged sexual assault who might require a Forensic Medical Examination (FME), a triage assessment should be made to assess any urgent medical needs e.g. assessment and treatment of injuries, severe drug/alcohol intoxication or mental health needs. This may mean advising the person to attend an Emergency Department.

1.2 On arrival at the SARC, an assessment of the need for any urgent and/or important medicines e.g. insulin and pain relief should be made by either clinical or non-clinical staff, the latter being in accordance with local guidelines. Supply of paracetamol or other pain relief medicines should be available and supplied via locally agreed protocols.

1.3 A full history should be taken from the person or adult with parental responsibility to address both therapeutic and forensic needs. Specifically, this will require details of:

- any medicines currently being taken, including topical, over-the-counter and herbal medicines.
- substances of misuse and alcohol
- any enzyme inducing drugs (EIDs), taken currently, or within the last 28 days
- any allergies or adverse drug reactions (ADRs)

Access to NHS IT systems such as the Summary Care Record, where available, may facilitate accurate verification of significant medical problems and current medication and support safe prescribing.

1.4 A clinical examination will then be made and in light of the history, the examination findings and risk assessment, a decision reached on what treatment the person may require in terms of urgent medication.

DOMAIN 2 People safely receive the medicines they need during their consultation at the SARC

This Domain includes the standards that are delivered when they are seen by the HCP. It covers the prescribing, stock held and supply of medicines or prescriptions at the SARC.

2.1 All SARCs **must** have a locally agreed Prescribing Formulary that should include common medicines likely to be required by people of alleged sexual assault in order that they can be treated in a timely way and preferably on a 'one-stop' basis. This minimises the risk of treatment not being accessed by vulnerable people.

2.2 There should be medicines available to treat common emergency medical problems. Some medicines must be available as stock to maximise access and others should be available depending on local agreement. There must be processes or medicines available for:

- Post-exposure prophylaxis against hepatitis B (HBV) and human immunodeficiency virus (HIV). If anti-viral drugs for children are not stocked, there must be a clear pathway in place in order that children can be given treatment in a timely way.
- Anaphylaxis
- Allergy
- Emergency hormonal contraception
- Pain relief (both adults and children)
- Asthma
- Hypoglycaemia
- Angina or acute coronary syndrome

Depending on the experience of the clinician, some SARCs may stock/have provision for access to medication to treat the following conditions:

- Alcohol withdrawal
- Opiate and benzodiazepine withdrawal
- Infections including bite injuries and sexually transmitted infection

A suggested formulary showing advised mandatory and commonly held optional stock is included in Appendix 1. Providers can add additional items based on local need and pathways (e.g. medicines to support resuscitation). In all cases the decision to prescribe will include consideration of other medicines the person is taking and any other contraindications. Access to the British National Formulary (BNF) is available online, see: *bnf.nice.org.uk* and tablet identifier, see: *TICTAC Visual ID System for Healthcare*. In addition, The University of Liverpool HIV drug interactions website provides up-to-date information about possible drug interactions, see: *www.hiv-druginteractions.org*

2.3 People have the right medicines prescribed/ authorised and supplied to them safely and legally

2.3.1 Medicines are provided within legal mechanisms available for the prescribing, supply and administration of medicines (*Medicines Matters*). This means medicines are:

- prescribed and administered or supplied by medical and non-medical prescribers competent to prescribe for the condition for which the person is being treated; or
- administered or supplied under a Patient Group Direction (PGD) by registered healthcare professionals competent to do so
- administered or supplied under General Sales List (GSL), via a written protocol and by staff trained to use them.

Patient Group Directions (PGDs): These provide timely access to medicines for patients with non-complex needs, where appropriate, and may be used for urgent care and conditions where a PGD is suitable for the provision of treatment, in accordance with the organisation's clinical governance policy. (*Medicines Matters*)

General Sales List (GSL) medicines are medicines that can be supplied without a prescription, examples in SARCs would include paracetamol.

2.3.2 The full course of treatment should be supplied where continuity of treatment with the medicine is needed (e.g. antibiotics; sufficient pain relief to cover a few days etc.). An effective pathway must be in place for people who have been provided with a starter pack of HIV Post Exposure Prophylaxis after sexual exposure (HIV PEPSE), or who require completion of a hepatitis B immunisation schedule, to access this after they leave the SARC.

2.3.3 Where a prescribed, or PGD medicine is supplied to a patient to self-administer after leaving the SARC, an 'over-labelled' pack with the patient's name, date of issue, and any necessary completion of the directions should be provided. An over-labelled pack is one which has been over-labelled by a licensed unit leaving a space for the patient's name and date of dispensing, with the address of the supplying healthcare facility, or space for this address to be added at the time of supply.

2.3.4 Children receive medicines in a form and dose that is suitable for their age and needs. HCPs have access to suitable medicines to administer or supply to the child, and age appropriate reference material such as the British National Formulary (BNF) for Children, see: *bnfc.nice.org.uk*

2.4 People receive their medicines administered and supplied in a safe, timely way

2.4.1 A medicines policy and medicines procedures are in place that define how and by whom medicines can be administered or supplied to people who need them and where written prescriptions should be used by the person after their SARC visit.

2.4.2 Use contemporaneous clinical records to document:

- medicines administered or supplied
- medicines prescribed on a written prescription
- any refusal of medicines or prescription by the person or their parent or carer.

2.4.3 Verbal orders should only be used where they are underpinned by risk assessment and organisational policy and where a delay in administering a medicine would compromise patient care. See: *RPS guidance* and *FFLM guidance*

2.4.4 People who need to start a new medicine within 24 hours of their clinical assessment can access the medicine within this time frame via:

- on-site stock (bulk stock or over-labelled); or
- local arrangements for accessing urgent medicines e.g. pharmacy emergency supply or out of hours service; or
- FP10 prescription.

2.4.5 Medicines administration or supply should be undertaken and recorded in accordance with the provider's procedure that includes checking:

- The identity of the patient
- The prescription or other direction meets legal requirements, is unambiguous and the dose is appropriate
- Issues around consent have been considered
- Allergies and previous adverse drug reactions
- Interactions with other medicines/substances the person is taking
- The directions for administration
- The identity of the medicine and its expiry date
- That any specific storage requirements have been maintained
- That the dose has not already been given.

DOMAIN 3 People can continue to access medicines initiated in the SARC where needed

Some people may need to access further supplies of medicines relating to treatment needs identified at the SARC. Common examples include further supplies of HIV PEPSE or antibiotics for infections where the result arrives at the SARC after the patient has left.

Access to medication needs after leaving the SARC must be facilitated and actioned by the SARC provider.

3.1 There must be clear and timely communication to teams required for follow up care e.g. GP, GUM/Sexual Health, Mental Health teams. Local protocols must be followed to ensure further supply of HIV PEPSE and hepatitis B vaccine course completion. Clear local pathways must be in place to ensure this with information also provided to the patient about how to access the required doses/medicines.

Useful patient information leaflets

Emergency Hormonal Contraception:

www.fpa.org.uk/emergency-contraception

sexwise.fpa.org.uk/your guide to emergency contraception

Post exposure prophylaxis:

BHIVA British HIV Association

Examples in practice: Continuity of medicines

1. At Saint Mary's SARC in Manchester, information about initial doses of hepatitis B vaccine (and initiation of HIV PEPSE starter packs) are, with the client's consent, shared with their GP and a chosen GUM clinic. The necessary follow up doses of medications are then administered/ arranged during consultations with GPs and GUM clinic teams. For further information contact: *stmarys.sarc@mft.nhs.uk*
2. At SV2 in Derbyshire, following attendance at the SARC, SV2 asks for the client's consent to share their personal details with the GUM clinic so that a follow up appointment can be made. SV2 staff contact the GUM clinic, within 24 hours, providing details of the incident, medication taken at the SARC and the client's name and method of contact. The GUM clinic contacts the client to book an appointment, that is convenient depending on urgency and whether HIV PEPSE was given to the client. For further information contact: *help@sv2.org.uk*
3. A similar procedure occurs at the Hope House SARC in Gloucestershire, where the SARC and the GUM/ sexual health clinic are in the same building, enabling immediate referral when needed during clinic times, or on the next working day. Specialist GUM/HIV advice is available out-of-hours. For further information contact: *hopehouse.sarc@ghc.nhs.uk*
4. The Havens at King's College Hospital, in London are able to offer baseline blood borne virus (BBV) tests and give a full 28-day pack of HIV PEPSE medicines to most clients, at the time of FME, where such treatment is appropriate. For clients where it is considered better to provide a 'starter pack', a review at the Havens, (or at another GUM clinic), within a few days, with the test results, helps support continuation of treatment. Where deemed necessary, the Haven clinician can also use a point-of-care (finger-prick) blood test for HIV and expert advice is rapidly available, 24 hours a day from specialists in HIV medicine. For further information contact: *kch-tr.Havensinfo@nhs.net*
5. At Serenity SARC in Northampton, Forensic Physicians have access to FP10 prescriptions. This proved useful to a patient where investigations revealed a urinary tract infection and she did not have a GP. Posting an FP10 prescription to her resolved the problem.

3.2 Community FP10 prescription forms can be issued to enable course completion or sufficient supply until GP follow up can be accessed (7 days minimum). Follow up FP10s can be provided (e.g. by post to the patient or to a community pharmacy of their choosing) in the event that a clinical test outcome requires a medicine. This is particularly important if the patient does not have a GP.

3.3 The discharge summary about the care received in the SARC and any follow up required should be available to the patient within 24 hours of them leaving. The summary should include information about medicines provided at the SARC and any follow up medicines or assessments needed. The summary should be shared in the most effective and secure way, such as by secure electronic communication or a paper copy for the person. It needs to be recognised that more than one approach may be needed.

3.4 People are given written information about their medicines that is also used to inform their ongoing medicines needs. This needs to be in a format they can understand and not rely solely on the patient leaflet inside the medicine pack.

Good Practice Point: Discharge summaries should include:

- Contact details of the person and contact details of the current healthcare leads in the event of any queries after they have left
- Details of other relevant contacts identified by the person and their carers where appropriate
- Known drug allergies and reactions to medicines or their ingredients, and the type of reaction experienced (where known)
- Details of the medicines the person is currently taking as identified in the SARC based on the history taken from the patient or their carer
- Changes to medicines, including medicines started or stopped, or dosage changes, and reason(s) for the change (if any)
- Date and time of the last known dose of medication including Hepatitis B injections
- What information has been given to the person and their family members or carers
- Where appropriate any other information needed – for example, when the medicines should be stopped or reviewed, ongoing monitoring needs and any support the person needs to carry on taking the medicine safely.

RPS Medicines standards 2017, Adapted from NICE NG 511

DOMAIN 4: People have their medicines optimised within a robust clinical governance framework

In all healthcare settings, including SARCs, the safety of medicines use is underpinned by a robust governance framework. This requires leadership from a senior pharmacist who collaborates with the senior members of the healthcare organisation and who supports delivery of the governance framework, policies and procedures within the SARCs.

4.1 A formal arrangement is in place for the development of the infrastructure to support safe medicines handling and use. To achieve this the SARC provider will need to have:

- A named lead pharmacist who supports the provider delivering the care in the SARC and who leads on the integration of the SARC services and medicines policies into the wider medicines management committees and infrastructure for the provider organisation.
- A named local lead at the individual SARC, who operationally is accountable and responsible for the day to day delivery of the medicines governance infrastructure.
- An overarching medicines policy or code that describes the principles or basis on which medicines (including unlicensed medicines) are used and handled within the SARC. This policy should be underpinned and operationalised by formularies, procedures and additional policies relevant to these standards.

4.2 Standard Operating Procedures (SOPs) are in place for the medicines pathway. The provider's medicines policy and/or codes describes how SOPs are integrated into a system of safe medicines use across and within the SARC. People access medicines and staff handle medicines according to procedures that:

- Cover the full medicines pathway so that medicines are handled consistently by clinical and operational staff
- Take into account specific national operational policies
- Are ratified by the provider and are signed up to by all staff who deliver the procedures within the scope of the SOPs
- Will indicate who is authorised to carry out each activity, be signed by staff using it and indicate what training is necessary, and what records will be kept
- Are audited to assure people and the organisation that medicines are being handled safely and are reviewed every 2 years or in the event of a medication incident or legislative/guidance change.

4.3 Where Controlled Drugs are held, legislation (including Home Office CD possession and supply licensing requirements) is implemented and good practice (as described by CQC, NICE and related publications) is used to prescribe and manage CDs. Handling of any CDs and linking in with NHS Controlled Drug Accountable Officer policies will sit within provider organisation policies.

4.4 Medicines storage should be in line with national guidance and regulatory requirements with audit trails and governance processes for ordering, receipt, supply and storage of medicines.

4.5 Security and access to medicines storage areas, during and outside the SARC's opening hours is robust and underpinned by SOPs.

4.6 Refrigerators should be used for the sole purpose of medicines storage and be checked regularly, underpinned by SOPs that detail the action to take should the fridge temperatures deviate from those required.

4.7 Medicines stock (including medicines in emergency bags) are regularly checked to enable expired stock to be removed, destroyed and replaced. The storage facilities should be maintained in an orderly fashion to minimise medication errors. This includes checking that the ambient temperature in which medicines are stored is within expected standards and if not, action is taken to manage this e.g. during periods of hot or cold weather. See: *Content page for Yellow Cover Documents*

4.8 All medicines administered or supplied at the SARC must be sourced in line with national guidance and regulatory requirements. This will usually be from licenced pharmaceutical wholesalers with an audit trail of orders and deliveries. As SARCs are not healthcare institutions and in line with the Falsified Medicines Directive regulations, medicines supplied to the SARC should be already decommissioned before delivery to the SARC.

4.9 Medicines supplied to the person to take away must be over-labelled or pre-packed so that the patient details, date and dose are shown on the label of the medicine. These products must be sourced from licenced providers.

4.10 SARC service providers ensure that medicines which are out-of-date, damaged, no longer required or unsuitable for their intended use are disposed of or destroyed in a safe and secure manner in accordance with organisational policies/procedures. These procedures must meet national regulations and all legal requirements e.g. Waste Management Regulations, Misuse of Drugs Regulations for CDs, and there is full compliance with organisational policy. Waste medicines are appropriately segregated and stored securely, pending their disposal. When disposed, there is an audit trail for the disposal.

4.11 The SARC service provider should ensure that people who handle, prescribe or supply medicines at the SARC are trained and competent to complete the roles they have. This can be supported by:

- Induction training and information about the governance framework, clinical and operational procedures for medicines are used for staff when they begin working in the SARC, this includes short term locum/agency staff as well as employees.
- Planning is in place to ensure competency is maintained and developed to meet the changing service needs relating to medicines, improvements in people's care and the introduction of new technologies.
- All staff with a role within the medicines pathway are aware of their own competency and deliver their roles within local and national policies/ guidance and adhere to SOPs. Employed staff have personal development plans that include their competency development and delivery of roles that involve medicines.

4.12 Where medicines are handled by staff from different legal entities/organisations working at the SARC, arrangements are in place that describe the role and functions of staff within the organisations and accountability for medicines handling is clearly documented and ratified.

4.13 Suspected adverse reactions to medicines, particularly new medicines under intensive monitoring, should be reported to the MHRA by anyone including non-clinical staff and patients. Reports can be made online at *yellowcard.mhra.gov.uk*. Providers will also need to follow local procedures for reporting patient safety incidents.

Produced by the FFLM in partnership with the
NHS E&I SARC Medicines Management Task and Finish Group, chaired by Professor Ian Wall

Appendix 1 : SARC medicines formulary

Items marked **YES** should be held as stock within the SARC.
Those marked **NO** are common medicines held in SARCs but are optional.

Providers can stock additional items as per local arrangements.

SARC medicines formulary	
Medicine	**Recommended as mandatory stock**
Adrenaline Injection 1 in 1000 (1mg/ml)	**YES**
Rectal diazepam or buccal midazolam for seizures	**YES**
GTN spray	**YES**
Aspirin dispersible 300mg tabs	**YES**
Salbutamol Inhaler and spacer device	**YES**
Glucagon 1mg injection or Hypostop	**YES**
HIV PEPSE Starter Pack (quantity as per local agreement)	**YES**
Antimicrobials based on local guidelines, include liquid forms for children	**NO**
Topical antifungal (e.g. clotrimazole)	**NO**
Ibuprofen, including liquid for children	**YES**
Paracetamol, including liquid for children	**YES**
Dihydrocodeine 30mg tabs	**NO**
Levonorgestrel 1.5mg tabs	**YES**
Ulipristal acetate 30mg tabs	**YES**
Cetirizine 10mg tabs and liquid antihistamine for children	**NO**
Prochlorperazine buccal 3mg tabs	**NO**
Diazepam 5mg tabs or Chlordiazepoxide 10mg caps	**NO**
Ametop 40mg/g gel (or equivalent local anaesthetic gel)	**NO**
Hepatitis B vaccine, doses for adults and children	**YES**