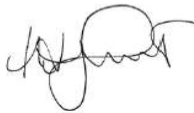




Covert Administration of Medicines Policy

Policy number and category	C 10	Clinical
Version number and date	1	November 2020
Ratifying committee or executive director	Clinical Governance Committee	
Date ratified	December 2020	
Next anticipated review	December 2023	
Executive director	Medical Director	
Policy lead	Nigel Barnes – Chief Pharmacist Graeme Brown – Deputy Chief Pharmacist	
Policy author (if different from above)	Graeme Brown – Deputy Chief Pharmacist Dr Dinesh Maganty – Consultant Forensic Psychiatrist Jo Deeks – Deputy Chief Pharmacist (Secure Services) Adaora Ndu – Lead pharmacist, Dementia and Frailty Zoe Sherwood – Diabetes Specialist Nurse	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

- To inform staff on how to meet the criteria for covert administration of medication to ensure it is legal, effective and in the best interest of the service user.
- To inform staff on the necessary documentation supporting covert medicines administration that includes all relevant information and discussion.
- To avoid incorrect or illegal covert administration of medication
- To inform all staff on:
 - (i) The circumstances in which covert administration may be appropriate
 - (ii) The legal justification for the covert administration
 - (iii) The procedures which need to be followed within that administration
 - (iv) The procedures for the recording of the process
 - (v) Arrangements for an appeal

Policy requirement (see Section 2)

- All staff involved in the covert administration of medication to a patient must be aware that aware that this can **ONLY** be considered when the patients a confirmed lack of capacity
- All service users refusing medication will be assessed by the responsible clinician in consultation with a full multidisciplinary team (MDT). This must include a pharmacist.
- All staff undertaking any part of the covert administration process must understand the legal and ethical implications associated with it
- All staff administering medication covertly must ensure that the process is fully documented and agreed before medication is given
- All staff administering medication covertly must only do so in line with a care plan clearly documented in the patient record

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1: Introduction consisting of:

1.1 Rationale

This policy outlines the legal background to the covert administration of medication and outlines the process that should be followed to ensure that it is legal, appropriate and in the best interests of the service user. Covert administration not complying with this policy should not be carried out within BSMHFT.

This policy should be read in conjunction with:

- **Mental Capacity Act 2005 (Making decisions)**
- **Royal Pharmaceutical Society (RPS) Professional Guidance on the administration of medicines in healthcare settings (2019)**
- **Nursing and Midwifery Council (NMC) (2015) The Code; standards of conduct, performance and ethics for nurses and midwives**
- **NICE Medicines management in care homes (2015) - Quality Standard QS85**
- **CQC Guidance on Covert Administration of Medicines – January 2020**

1.2 Scope

- This policy covers all staff working in the Trust, including agency and bank staff, permanent and temporary staff, who are involved in any way with the covert administration of medicines. All these staff must familiarise themselves with the correct procedures contained in this policy.. Those staff in charge of wards/teams and departments are responsible for ensuring that their staff, especially new starters and locum staff, follow procedures in this policy, which may differ from procedures in other Trusts. Copies of the policy should be available in all wards/teams and departments or via the Trust Intranet.

1.3 Principles

- The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.

2: The policy consisting of:

2.1 Process for Review / Feedback

The use of Covert Administration of Medication will be audited by the Pharmacological Therapies Committee and Pharmacy to ensure adherence to this policy and accepted good practice. The

policy will be reviewed bi-annually and in the light of any changes to national or local prescribing practice. The next review date will be October 2022 or sooner should the need arise.

3: The procedure consisting of:

3.1 Covert administration of a medication is the act of administering medicine to a patient without their knowledge or consent; for example, disguising it in food or drink without the patient knowing.

It is important to respect the autonomy of patients who receive treatment. However, there might be times when a patient lacks capacity either to consent to, or to refuse, treatment. In such circumstances, the treatment should only be given to the patient in accordance with the Mental Capacity Act 2005 (MCA), and if its use would be accepted as proper by a responsible body of relevant practitioners. In exceptional circumstances, this might require that medicines are administered covertly. It should be appreciated that this is a restrictive practice and should not be used routinely or without following the policy.

The effects of the use of covert administration of medication on the therapeutic alliance must be considered in detail, especially on patients who might regain capacity, or who might detect the use of covert administration.

Under human rights law, people who have capacity to make the decision have the right to accept or refuse medical treatment even if that may lead to their death.

Covert medication CANNOT be given to anyone with capacity to refuse medication.

The Mental Capacity Act 2005^[1] (MCA) may give authority to provide health treatments only where:

- the patient is aged over 16 years,
- the patient is assessed as lacking capacity,
- the treatment is discussed in a best interests meeting and is judged to be in the patient's best interests.

The Act is based on five principles:

- Presumption of capacity unless proven otherwise
- The right to be supported in making decisions – all appropriate help must be given before concluding a person cannot make those decisions themselves
- Individuals can have capacity but still make unwise decisions
- Anything done for individuals without capacity must be done in their best interests
- The intervention that is least restrictive to basic rights and freedoms should be used

The Mental Health Act^[2] (MHA) overrides that right in specific circumstances. It gives authority to provide psychiatric treatment to a patient detained under its powers without their consent. This may include authority to give psychiatric medication covertly. This must be documented as indicated below.

Treatment powers under the MHA are limited to treating a patient's **mental** health. Where the patient has capacity to make decisions about their treatment, it is **not** appropriate to give medicines covertly to treat any patient's physical health, even if they are under a MHA section ^[1]. It is however, permitted to administer a physical health medication under the MHA if it is being given to manage or treat side effects due to a mental health medication e.g. hyoscine used for clozapine induced hyper-salivation.

This can be simplified as follows:

- Patient detained and medication is for a mental disorder – use MHA
- Patient NOT detained and medication is for a mental disorder – use MCA

- Patient detained and medication only for physical disorder – use MCA
- Patient not detained and medication only for physical disorder – use MCA

The Care Quality Commission (CQC) has also produced guidance detailing what their expectations are around covert medicines administration^[3]. This advice has been incorporated into the Trust policy to ensure our practice meets the CQC expectations.

The Nursing and Midwifery Council (NMC) had previously issued guidance regarding the use of covert administration, but has withdrawn their guidance in favour of a joint statement with the Royal Pharmaceutical Society^[4]. However, the content is limited and refers to many other sources. They emphasise that a Trust specific policy must be in place and used within the Trust to ensure consistent methodology.

3.2 Medicines Optimisation and Non Adherence

Many individuals do not take medication as prescribed for a variety of reasons. This can lead to treatment failure and relapse. Failure to follow a prescribed treatment may be incorrectly interpreted as evidence of a mental illness or a lack of capacity. Staff need to determine the reasons for this non-compliance and support individuals who do not want to take the medication, rather than making decisions for them and to consider methods to alter this.

Reasons for poor compliance may include:

- Lack of information about the medication or its purpose
- Concerns about side-effects or the risk of dependency
- Lack of understanding about need for long-term treatment
- The patient may feel well and not see the need for treatment any more, or may not feel it is effective
- Poor relationships with either the prescriber or caregivers

There are some simple steps that should take place to improve concordance, including:

- Inclusion of patients, their family and carers in any decision to prescribe medication
- Determine reasons why the patient does not want to take the medication and address the concerns
- Regularly discuss medication with the patient and inform them of any changes
- Offer alternatives (formulations or other medications) if clinically appropriate and allow a choice as this may increase the patient's feeling of control over their wellbeing
- **(NB any decision to alter the licensed formulation of a medication (crushing, dissolving etc.) should be discussed with Pharmacy**

3.3 Evaluation of Suitability for Covert Administration

Step 1 - Capacity Assessment and Documentation

The law presumes every adult to have capacity to make decisions about their wellbeing unless it has been demonstrated otherwise. Every patient should be assessed to see whether, in fact, s/he is capable to make an informed decision at the time the decision needs to be made. The assessment of a patient's capacity should be subject to continuous review and should be completed in accordance with MCA and recorded in his/her medical notes. A patient will be considered to lack the capacity to make decisions about medication if they are unable to do ONE OR MORE of the following actions:

- Understand a simple explanation of what the treatment is, what it should do and why it is being prescribed
- Assess the benefits and risks it poses, and what alternatives there are
- Retain the information long enough to make an effective decision

- Communicate their decision and the reasons for their decision in any form (spoken, written etc.)

If they cannot show an understanding of one or more parts of this, then they do NOT have capacity **at this time**. It is important to note that capacity may fluctuate with time and may be reassessed in the future.

Step 2 – Best Interest Decision

Once a lack of capacity to decide about medication has been determined and documented, a best interests meeting must be held. Attendees should include the prescriber, a pharmacist, a nurse and either a family member, friend or advocate. If the patient has an attorney appointed under the MCA for health and welfare decisions, this person should be invited to the meeting. There should be a record of the name and role of all attendees.

The checklist below is taken from the Mental Capacity Act 2005 and should guide discussions:

- Consider **all** the relevant circumstances ensuring that age, appearance, behaviour etc. are not influencing the decision or leading to discrimination
- Consider delaying a decision until the person regains capacity, if likely
- Involve the person as much as possible
- If related to life sustaining treatment, an intention to hasten death must not be a motivation for covert administration
- Consider the individual's own past and present wishes, feelings, values and beliefs
- Consider advance statements if one exists
- Take into account views of family and informal carers
- Take into account views of Independent Mental Capacity Advocate (IMCA) or other key people if involved
- Show it is the least restrictive alternative or intervention

Stopping medication should be considered as a possible least restrictive option. If this is the case, the reason must be documented in the patient's notes. Patterns of behaviour need to be considered, and whether changes to administration would help e.g. timing, environment, specific carers, or formulations that can be given less often.

The team must consider the possible impact of the patient's discovering the attempts at covert medication, particularly with respect to subsequent refusal of diet and fluids, and impairment of the therapeutic relationship. These considerations might restrict the utility of covert medication to circumstances where the patient has on-going-impaired cognition, such that the covert administration is unlikely to be recognised both at the time of covert administration and subsequently.

Step 3 – Assessment of Medication

If the best interest decision is to proceed with covert administration, the medication needs to be assessed for suitability. A pharmacist must either be present at the meeting, or consulted **before** any medication is given covertly. The following considerations should be addressed:

- Is the medication deemed vital or can it be stopped? The meeting should consider if the benefits of treatment are so great that they warrant administering medication covertly.
- Is the formulation suitable? Modified release and enteric-coated tablets are not suitable for covert use as they generally should not be crushed. If there is no alternative, the reason and anticipated consequences of doing this must be documented. Note that any crushing of tablets would be unlicensed and the responsibility would lie solely with the prescriber.
- Is the medicine cytotoxic e.g. tamoxifen? Preparing a cytotoxic medication for covert administration could pose a risk to staff members if not done appropriately

- Is a licensed liquid formulation available? These are usually easier to mix with food or liquids, though taste, volume of medication and colour should be considered when deciding what to mix them with.
Incompatibility with foods must also be considered, e.g. dairy products and some antibiotics, or risperidone and tea
- It may also be appropriate to consult kitchen staff if dietary changes are needed to facilitate covert administration.
- Covert administration is not normally in line with the product license and it is the responsibility of the prescriber and pharmacist to ensure that such administration will not cause unnecessary harm to the patient.
- All reasonable efforts must be made to give the medication openly in its solid or liquid formulation
- Where agreement between the doctor, nurse and pharmacist cannot be reached then covert administration cannot occur, but consideration must be given to the best interest decision and the requirement for treatment with the specified medicine.
- Whenever a new medication is added to a regime currently under a covert care plan, the care plan **must** be reviewed and include the new medication

Following the best interest meeting, the Covert Administration Suitability checklist [Appendix 2] must be completed and uploaded to the patient notes. The plan for the covert administration of the medication must also be completed – see below [and Appendix 3]. An Eclipse form must also be completed once covert administration has been agreed by the MDT. This is reflective of the fact this is a restrictive practice and requires additional scrutiny. Only one form for each care plan that is agreed for covert medicines administration is required, though it may be considered good practice to repeat this if any significant change is made to the plan.

Step 4 – Documentation of Covert Administration

The covert medication plan (made following the best interests meeting) should be documented on the form MDT Covert Care Plan (see Appendix 3) which must be uploaded into the patient notes when complete. This should document:

- What medication the patient is currently prescribed
- A review of the medication and information about the need for each
- Whether alternative formulations can be used to facilitate covert administration
- Where covert medication is to be added to food or drink, the suitability of the drug-food combinations must be assessed by the pharmacist and indicated clearly in the plan

Following the development of a covert administration care plan:

- The care plan will be countersigned by the senior health professionals involved and this would usually involve a consultant psychiatrist and a senior registered nurse and a clinical pharmacist.
- That written record will record the views of carers who have been consulted.
- Staff should pass on information about covert administration of medication when transferring care, for example, a transfer to an acute trust for treatment
- The form must include a record of any opposition to covert administration.
- The use of covert administration should be communicated in writing to the GP at the point of discharge
- The care plan should be subject to **weekly** review, including that of capacity if the need for covert medication persists
- Full reviews considering all aspects of the need for covert medicines administration should take place no less than every 3 months. This may be more frequent depending on the nature of the condition. All reviews must be recorded in the medical notes.
- They should consider the benefits of the treatment and whether it is still necessary to administer it covertly

- While covert medication is being used, the list of medications considered 'necessary' must be updated to reflect any change to treatment

Step 5 – Administration of Medication

- Except in the case of emergency, the proposed treatment and possible methods of administration should be discussed with the Pharmacist to ensure that medication may be mixed with food or drink and will not be affected by crushing or dispersing in water.
- The Consultant Psychiatrist together with the Pharmacist will consider ethical, cultural or religious beliefs that could affect the choice of medicines. The advice and recommendations should be documented in the patient's medical notes
- Any change to the formulation of a medication to aid administration will make the use of that medication unlicensed and this must be acknowledged in the patient notes by the prescriber.
- No medication can be administered covertly where there is no current Covert Medication care plan uploaded to the patient record, irrespective of any entry on the EPMA prescription
- It is NEVER appropriate or permitted to administer medication covertly based on an ad hoc written or verbal request. All such administration must be documented as outlined in this policy.
- The method of administration should be clearly recorded on the inpatient prescription on EPMA. This should indicate what food/drink and if the medication needs to be crushed
- **NO drug should be administered covertly unless covert administration is clearly indicated on the EPMA prescription. Each drug to be administered covertly must be indicated separately as such on EPMA.**
- **No drug should be marked as for covert administration on EPMA unless a covert care plan covering it's administration is recorded in the patient's Rio notes.**
- If administered in food or drink, a member of staff must ensure that the food/drink is only ever administered or offered to the correct patient.
- Any concealed medication should be hidden within the smallest practical portion of the food to maximise the likelihood of the complete dose being taken. Concealed medication must not be mixed in a whole meal. Add the concealed medication to the first portion of the meal that is consumed, then once the concealed medication has been consumed, offer the rest of the food.
- A member of staff must monitor patient until all of the food/drink which contains the medicine has been consumed, or until no more will/can be consumed. Any remaining medicine (plus food/drink vehicle) should be disposed of as medicines waste.
- The outcome of each administration episode must be clearly documented as normal on inpatient record on the EPMA system. If only a partial dose of the medication was taken, or if it is not clear the whole dose has been take, this must be clearly identified on EPMA, using the medicines administration notes section if necessary and recorded in the patient's clinical notes and relevant staff informed.
- The single biggest determinant of the success of covert administration is the consistency with which it is applied and it is vital that the care plan is adhered to, especially with regards to the method of administration. Consistent timings of administration and administration in similar foods will result in steady drug levels which will allow adjustment of dosing based on the clinical presentation. Inconsistent application makes a clinical assessment much less reliable and can lead to incorrect evaluation of the therapeutic response.
 - Same dose
 - Same way
 - Same time

MANAGEMENT ISSUE

Any medicines-related incident which occurs as a result of the covert administration of medicines should be reported via the Trust's incident reporting system and following the Trust's Incident Reporting, Management and Investigations Policy.

APPEAL

If a member of staff, a relative, carer, friend or representative of the patient, or an IMCA wishes to raise concerns about the use of covert means to administer medication, or about the process by which it was decided to use such means, they can be referred to the chief Mental Health legislation officer, Associate Medical Director for that clinical area, or the Pharmacological Therapies Committee.

ADVICE FOR NURSING STAFF

- As a general principle, by disguising medication in food or drink, the patient is being led to believe that they are not receiving medication when in fact they are. Registered practitioners will need to be sure that what they are doing is lawful under MCA and they will be accountable for their own decisions and practice. It is therefore imperative that there is good record of discussions and decisions made by all relevant parties.
- The NMC no longer makes any individual recommendations about covert administration. They have instead published a joint statement with the RPS^[4] relating to covert administration, See References section
 - This replaces any previous advice from the NMC. This is very brief but reinforces the need for organisational policies to be in place and that they are followed.

4: Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	To be aware of the policy and to follow it if administering medication covertly	
Service, Clinical and Corporate Directors	To follow and support the policy	
Policy Lead	To provide support for policy users and to update the policy as required	
Executive Director	To follow and support the policy	
Others...	To follow and support the policy	

5: Development and Consultation process

consisting of:

- ✦ An outline of who has been involved in developing the policy and procedure including Trust forums and service user and carer groups.

Consultation summary	
Date policy issued for consultation	1/9/2020

Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Pharmacological Therapies Committee	September 2020	
Clinical Governance Committee	December 2020	
Dementia and Frailty Clinical Governance Committee	October 2020	
Professional Advisory Group - Medical	October 2020	
Professional Advisory Group - Nursing	October 2020	
Where received	Summary of feedback	Actions / Response

(*Add rows as necessary)

6: Reference documents

- 6.1 Mental Capacity Act 2005 (2005), Legislation.gov.uk [online] Available at: <https://www.legislation.gov.uk/ukpga/2005/9/contents> [Accessed 27th November 2020].
- 6.2 Mental Health Act 2007. Legislation.gov.uk [online] Available at: <https://www.legislation.gov.uk/ukpga/2007/12/contents> [Accessed 19th August 2020].
- 6.3 Covert administration of medicines (2018), Care Quality Commission (CQC) [online] Available at: <https://www.cqc.org.uk/guidance-providers/adult-social-care/covert-administration-medicines> (updated 29/7/2020) [Accessed 19th August 2020]
- 6.4 Professional Guidance on the Administration of Medicines in Healthcare Settings Royal Pharmaceutical Society, Nursing and Midwifery Council (2019) [online] Available at : <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567> [Accessed 19th August 2020]

7: Bibliography:

No Documents

8: Glossary consisting of:

- ⊕ Covert - not openly acknowledged or displayed i.e. hidden
- ⊕ Covert Administration (of medicines) - When medicines are **administered** in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink
- ⊕ Facilitated administration (of medicines) – When medicines are incorporated into either food or drink to aid administration, with the full knowledge of the patient
- ⊕ Mental capacity – the ability make one’s own decisions. Legally, this is assumed to be true unless proven otherwise

9: Audit and assurance consisting of:

Element to be monitored	Lead	Tool	Freq	Reporting Arrangements	Acting on Recommendations and Lead(S)	Change in Practice and Lessons to be shared
Compliance with policy	Clinical Directors and/or Chief Pharmacist	Audit	annual	Planned audit	Ward manager, consultant, MDT, ward staff	Clinical Governance, PTC

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal		Covert Administration Policy		
Person Completing this proposal		Graeme Brown	Role or title	Deputy Chief Pharmacist
Division		Corporate	Service Area	Wards and Teams
Date Started		August 2020	Date completed	August 2020
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
To provide a clear safe and legal framework to allow covert administration of medications within the Trust				
Who will benefit from the proposal?				
All staff and service users involved in the covert administration of medication				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>		
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>		
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>		
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>		
		<i>Protect and promote human rights?</i>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	X			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			X	Ensuring the safe and legal covert medicines administration for service users who lack capacity

Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	X			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	X			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	X			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	X			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	X			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			

This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights			X	It will ensure that any covert administration of medication is legal and does not contravene service users human rights
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No X		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				X
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
Ensure policy is circulated within the Trust and training is offered if needed				
How will any impact or planned actions be monitored and reviewed?				
Regular audit of all covert administration by pharmacy staff				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their				

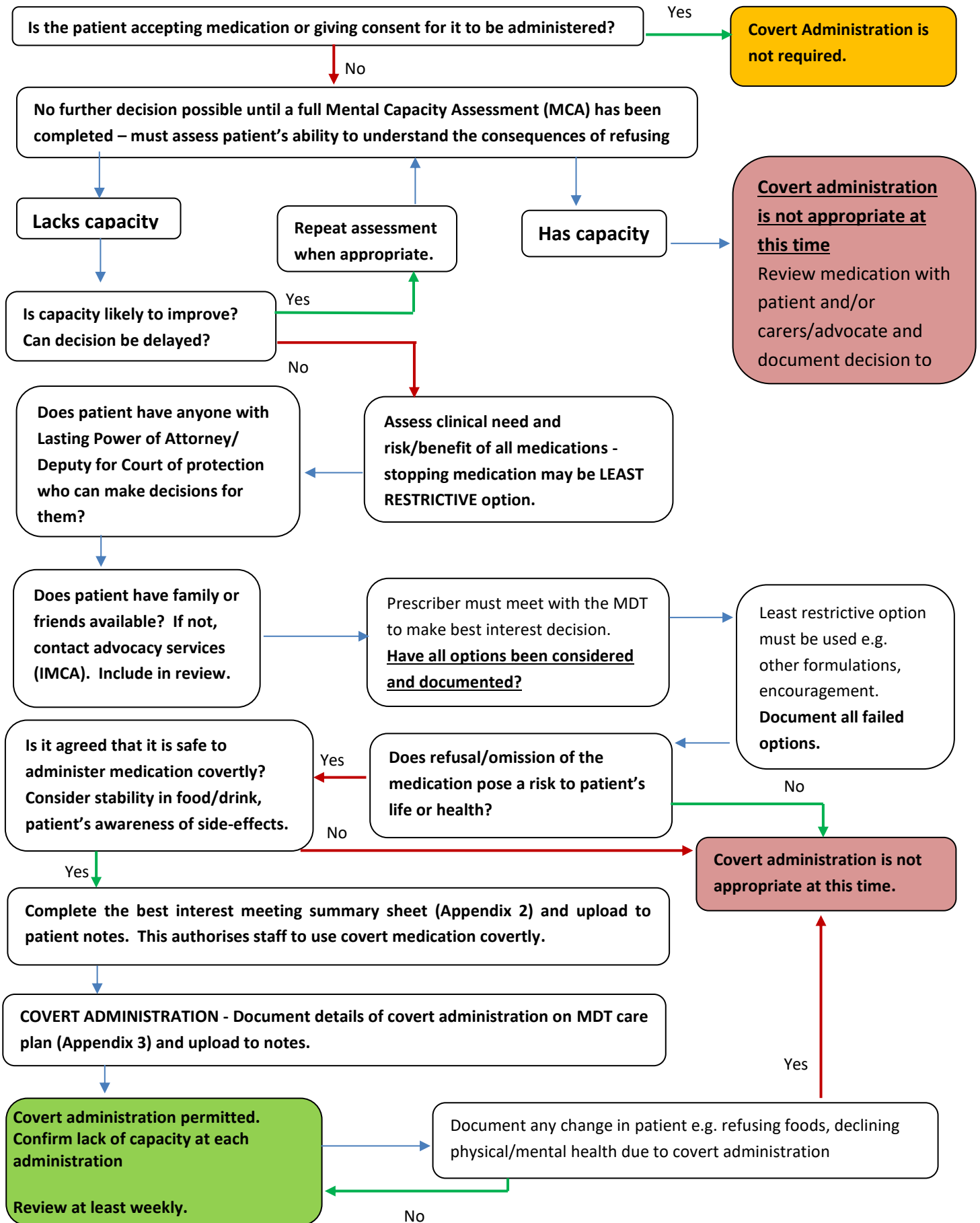
personal protected characteristic.

N/A

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Appendix 2 - Assessment Pathway for Covert Medicines Administration

[This **must** be used with the full Covert Administration policy]



Appendix 3 - Covert Administration Assessment Checklist

Patient Name:	Rio No:
Ward:	Consultant:

Checklist:

1. Is it clearly documented that the patient lacks capacity to provide informed consent to medications?

Yes:	No:	Where documented:
------	-----	-------------------

2. Is the patient currently detained under a MHA section?

Yes:	No:
------	-----

3. Are medications to be given covertly being given for physical health, mental health or both?

Physical :	Mental:	Both:
------------	---------	-------

4. Is there a risk to physical or mental health, or risk to themselves or others, if medications are not administered? (please use additional sheets if insufficient space)

Medication (regular and PRN):	Risk (Y/N):	Short/ long term risk?	Notes:

5. Could the medication be administered any way other than covertly?

Yes:	No:
------	-----

6. **Has the need for covert medication administration been discussed in the multidisciplinary team (MDT) meeting and does the team agree to the need for covert medication? NB Needs to be reviewed regularly by the MDT.**

Discussed (Y/N):	Need agreed (Y/N):	Frequency of review:
------------------	--------------------	----------------------

7. **Have the family / carers / IMCA been involved in the discussion about covert medicines administration)?**

Yes:	No: (give reason)
------	-------------------

8. **Has the decision been discussed with a pharmacist?**

Yes:	No: (Reason)	Recommendations:
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9. **Has the Covert Medication Administration care plan template (see appendix 1) been documented in the patient's notes?**

Yes:	No:
------	-----

Signature of Clinician:	Signature of Named Nurse (or proxy):
Signature of Pharmacist	Signature on behalf of family/ IMCA:

Date form completed:

Appendix 4 - Multi Disciplinary Team Covert Care Plan

Patient ID:	Rio No:
Ward:	Consultant:

Background

The above patient has a diagnosis of _____ and has been assessed as lacking the capacity to refuse medication that the MDT feels are necessary to prevent a decline in their mental or physical health (or both).

Please be aware that one of the most effective components in the use of covert administration is the consistent application of the agreed methods of administration. Please ensure that medications are given in the same way at as close to the agreed times as possible. It is likely that less than the intended dose may be administered and a period of consistent application is necessary to assess the clinical response. Further dose changes should only be considered after at least two days of consistent administration.

Evidence

This may be shown by a refusal to take offered medication, spitting out of taken medication, or evidence of discarded medications in the environment.

Solution

The MDT has decided that the least restrictive intervention is to give medication covertly. These medications may be administered as liquid or orodispersible tablets, tablets crushed / capsules opened and mixed with drinks or food.

Aim

To try and ensure medications are given consistently and at the prescribed times as far as possible.

Current Medication

The medication listed below is deemed to be necessary to maintain the wellbeing of this patient. Recommendations on the most effective method of administration are given below.

Medication	Dosage form	Covert administration method

	Signature	Date
Consultant		
Named Nurse		
Pharmacist		
Relative / Carer		