

Medicines Management Policy



Category	Procedure
Summary	This policy covers the procedure for storing, ordering, administrating and disposing of steroid injection material (SIM). The policy only applies to BAPAM's London clinic premises.
Valid From	14 May 2018
Date of next review	May 2021
Approval Date/ via	BAPAM medical committee
Distribution	BAPAM website, clinician's e-mail, Egress workspace
Related Documents	<i>Incidents policy, adrenaline in anaphylaxis policy, infection control and needle stick injury flowchart, Safety and Security Procedures</i>
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1. Policy Aims:

This purpose of this policy is to explain BAPAM's procedure for storing, ordering, administering and disposing of *steroid injection material (SIM)*, as well as the safe use and disposal of sharps.

This policy only applies to BAPAM's London clinic premises.

2. Definitions:

Clinicians: for the purposes of this policy, 'clinicians' refers to medical practitioners who have approval by the medical committee to give steroid injections. A listing of approved personnel is available at the end of this policy and on BAPAM's online clinical forum. Clinicians seeking authorisation should apply to the Honorary Medical Director.

3. Responsibilities:

The Clinic Manager is responsible for ensuring all clinicians administering SIM are familiar with this policy and for day to day implementation of the policy.

4. Standard Process for administration of SIM to patients:

The clinician proposing to administer SIM must provide the patient with a full explanation about the use, benefits and potential harm of steroid injections and must gain the patient's verbal consent to treatment before proceeding. This verbal consent must then be documented in the patient's notes.

Patients should be given a copy of the BAPAM factsheet on injections as part of the consent-seeking process.

All clinicians administering SIM must ensure they are familiar with the *Administration of Adrenaline Policy (including Management of Anaphylactic Reaction)* and be aware of where to locate the adrenaline in case of emergency.

SIM should only be administered in clinic consulting rooms.

SIM should be administered in accordance with the *Infection Control Policy - Section 4.6 Venepuncture procedure (SIM administration)*.

The needle used to administer SIM should be disposed of in a safe way (**see section 5**).

All SIM administration must be recorded in the Injections Manual in the Clinic and contemporaneously in patients' records. In both cases, the batch number and expiry date should be recorded.

The clinician must alert Clinic staff that a patient has received a steroid injection.

Patients should remain in the clinic for 20 minutes after administration and the administering clinician must remain in the clinic during this time.

5. Safe use and Disposal of Sharps:

Sharps should not be passed directly from hand to hand and handling must be kept to a minimum.

Used sharps must be discarded immediately by the person generating the sharps waste into a sharps container conforming to current standards

Used standard needles must not be bent or broken before disposal, or re-capped.

Sharp containers:

- Must be located in a safe position that avoids spillage, is at a height that allows safe disposal of sharps away from public access areas and is out of the reach of children.
- Must not be used for any other purpose than disposal of sharps
- Must not be filled above the fill line
- Must be disposed of when the fill line is reached (disposal is the responsibility of the BAPAM Clinics Manager)
- Should be temporarily closed when not in use
- Should be disposed of every 3 months even when not full

6. Process for ordering and receipt of SIM and other clinical supplies

Orders of steroid injection material (SIM) must be authorised by the Designated Officer (currently Dr Mike Shipley)

Ordering of dressings may be undertaken by designated BAPAM staff - the Clinic Manager or Deputy Clinic Manager.

Staff must record receipt of all clinical supplies in the clinical materials register

7. Storage of SIM

All SIM is stored in date order in a lockable cabinet in the clinic. The cabinet is only unlocked under the supervision of designated Clinic staff

At the end of a clinic, designated Clinic staff are responsible for ensuring the cabinet is locked.

The key to the cabinet is itself stored in a locked key cabinet. Only designated Clinic staff have access to the key cabinet (see *Safety and Security Procedures*).

8. Disposal of SIM and Clinical Waste

Clinical waste generated at BAPAM relating to SIM is as follows: needles, used ampoules, gauze swabs, mediswabs (additional clinical waste includes disposable otoscope speculae, peak flow meter mouthpieces and tongue compressors as well as any waste relating to body spills).

All clinical waste must be disposed of using the sealed clinical waste disposal unit (see Infection Control Policy).

The Clinic manager is responsible for organising waste disposal collections with a registered provider.

9. Annual review of usage and stocks

It is the responsibility of the Designated Officer to carry out an annual review of SIM usage and stocks.

Out of date materials should be disposed of as clinical waste. A record of materials that are due to become out of date before the end of the coming year should be entered in the office diary by the Clinics Manager.

10. Adverse reactions and incident reporting

In accordance with BAPAM's Lone Working Policy, SIM administration should not be undertaken at BAPAM out of hours or without other personnel available on the clinic premises

Adverse patient reactions and Health and Safety incidents (e.g. needlestick injury) must be reported to the Clinics Manager and noted in patient's notes. They must also be reported as a Significant Event to the Director as outlined in the Incidents Policy. Less serious incidents relating to supply, storage and disposal of SIM must also be recorded.

If BAPAM personnel are aware that an adverse reaction or incident has occurred due to error or negligence that has not been reported, they should inform the Director as outlined to the *Public Interest Disclosure Policy* .

11. Clinicians approved to carry out steroid injections at BAPAM

Dr Mike Shipley

Dr Mark Phillips

11. Breach of Policy

All personnel will receive a copy of this policy and training, and will be required to comply as a condition of working at BAPAM. Breaches of the policy may constitute professional misconduct and could lead to disciplinary action.

A separate patient information sheet is available.

Steroid Injections Factsheet

Written by Dr Mike Shipley,

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BAPAM Clinician.

May 2018.



Why am I having a steroid injection?

Steroid injections have been shown to reduce inflammation in soft tissue and joints

What is in the injection?

It is usually a local anaesthetic, followed by a corticosteroid. The local anaesthetic numbs the injection site and makes the procedure less painful. Corticosteroid given by injection is a synthetic corticosteroid, derived from naturally produced hormones.

Should I continue to take my painkillers?

You can take painkillers after you have the injection - they sometimes help with the temporary increase in pain you may experience once the local anaesthetic wears off. After a few days reduce them to see if the injection has helped.

Are steroid injections safe?

Injection therapy is very safe. Single use, sterile, disposable needles are used in clinic. Serious side effects are very rare - fewer than 1 per 20,000 treatments.

Is there any time when I should not have an injection? You should mention if you -

- Are allergic to local anaesthetic or steroid
- Feel unwell or have an infection
- Are due to have surgery to the area soon
- Are pregnant

Are there any side effects?

Side effects are rare. Clinicians do their very best to reduce risks by using "best practice" methods when they treat you.

- Pain may worsen 4-48 hours after the injection - any longer and you should report back.
- Facial flushing happens in 1 of 20 people and can last for up to 2 days.
- An allergic reaction to the medication in the injection (anaphylaxis) is very rare but is a medical emergency.
- Occasionally skin thinning or a change of skin colour at the injection site occurs.
- Infection at the site of an injection is very rare but if it becomes red, hot, swollen and/or painful, or if you feel feverish or unwell - you must seek urgent medical advice.
- In people with diabetes, steroid injections can cause a temporary slight rise in blood sugar.
- Bleeding and bruising are more common if you take blood thinning tablets like warfarin or aspirin. If you take these, tell the doctor and ask advice.

Do I need to do anything after my injection?

- You must stay in the clinic for about 20 minutes after your injection
- Relative rest for 3-14 days after injection - you will be given advice
- Check the site of the injection from time to time. If there are signs of infection - severe pain, redness, swelling or heat or if you feel unwell, you need to go to A&E immediately
- If you are unsure about minor signs and you are well then your GP or practice nurse may be best to help you

- *If you have any further questions, please ask your clinician.*