

**HEALTH**

**PROMOTION**

**AUDIT**

**ACCIDENT**

**PREVENTION**

# Accident prevention

## Background

Although often not recognised as a key area of public health with a relevance to pharmacy there are in fact many ways in which pharmacists can help to reduce accidents.

It is important to remember that pharmacists can help reduce accidents but we need to look at the whole population, not just the normal target groups who may be victims of accidents caused by others.

This area is a particularly difficult one in which to set up health promotion advice and conduct audit, but appropriate action will produce good results.

## Health promotion opportunities

### 1 *The safe use and safe storage of medicines:*

- ◆ You can advise on the safe use of medicines by ensuring that people know how and when to take their medicines and know not to share them with others
- ◆ Encourage customers to tell you about all the medicines they are taking to avoid accidental interactions or potentiation
- ◆ You can advise on safe storage of medicines so that they are always stored away from children
- ◆ If you provide services to Care Homes or hostels etc., you should advise on safe storage of medicines particularly if residents are self-medicating. Other residents may wander and so medicines must be securely stored. This is important for disinfectants as well - elderly residents may not know what they are and they could pose a hazard.

### 2 *Safe disposal of unwanted medicines*

- ◆ Importantly, let people know that they can and should return unwanted medicines to your pharmacy for disposal. (NB: Community Pharmacists cannot currently accept waste from nursing homes)

### 3 *Side-effects*

- ◆ You can ensure that people understand the implications of cautionary and advisory labels, especially those that relate to drowsiness and driving etc. Verbal advice should be given particularly with antidepressants and antihistamines to reinforce the label
- ◆ Check for falls in older people which might be caused by antihypertensives, diuretics, hypnotics, etc. Advise people taking these medicines that they may feel faint on standing with anti-hypertensives or some diuretics, or drowsy or dizzy if they take hypnotics or other drugs which may make them more likely to fall.

#### **4 Other provision of information:**

- ◆ Keep health promotion leaflets spelling out the dangers of drugs, solvents and alcohol, particularly those leaflets aimed at young people
- ◆ Keep information about alert systems for patients with special needs such as diabetes or epilepsy and encourage your customers to use them, so that if they are found ill or unconscious others will know what is wrong and how best to help, saving precious time and, in some cases saving lives.
- ◆ Ensure that people know about the dangers of osteoporosis and the risks of serious bone damage with accidents in later life. You could run an osteoporosis awareness campaign with leaflets, window displays, etc. and ensure in particular that women know about hormone replacement therapy and calcium supplements so that they can make informed choices.

#### **5 In your pharmacy**

- ◆ Remember that safety begins at home. Make sure you have safe systems of work in your pharmacy to prevent dispensing errors
- ◆ Ensure that the provisions of the Health and Safety Act are met (do you leave boxes of nappies on the shop floor for people to trip over? What about your trap door - can people easily tell when it's open?)
- ◆ Ensure that all hazardous substances in your pharmacy are dealt with in accordance with the COSHH and CHIP regulations and that staff are trained in what these mean
- ◆ Dispose of all unwanted substances in accordance with the law. Clear out your cellar and don't leave shelves full of hazardous chemicals that have been there since time began.

# Three audits

## 1. Advice about medicines and driving

### Criterion

All patients taking prescription medicines or OTC medicines which may impair their ability to drive should be informed of this risk verbally.

### Action

- ◆ Measure the numbers of patients taking these medicines who are not aware of the implications about risks to driving
- ◆ Discuss with GPs the issues involved which are quite complex; it will be necessary to find a way of ensuring that patients do not end up avoiding taking the medicines completely because they need to drive, or deciding to miss a dose on a day when they need to drive (in the case of tricyclics this will probably have little effect because of the long half-life). The patients need to understand all the issues involved. It may be that doctors may wish to review medication to reduce the risks
- ◆ Produce a simple protocol for advice
- ◆ Make sure that all pharmacy support staff selling OTC medicines causing drowsiness are aware of the advice protocol (including locums)
- ◆ Provide the advice
- ◆ Measure the numbers of patients who have become more aware after one year, together with action they took after, say, one year. (Or measure the prescribing shift, or change in customer OTC purchases if this is likely to result.)
- ◆ Presentation of results to GPs, primary care organisations, etc.

### Possible standards

- 1 All patients presenting with first-time prescriptions for antidepressants, in particular tricyclics, and other drugs which may impair driving, etc. should be counselled about the risks.  
  
(There is considerable evidence that stopping times in braking are impaired with tricyclics even after the drowsiness side effects wear off.)
2. All patients purchasing OTC medicines such as antihistamines, which may cause drowsiness, should be verbally advised about the effects on driving ability.
3. Longer-term patients on these drugs should be identified from PMRs and standards set for counselling rates, e.g. 50 per cent to be counselled within six months.

## Outcomes

- ◆ reduced numbers of patients driving while they (and therefore others) are at risk
- ◆ greater liaison with GPs
- ◆ increased awareness amongst customers of your role as an educator.

(You could go further with this one and survey hospital casualty departments to establish a knowledge base of people who drive and have accidents while taking drugs known to affect driving, but this is a much bigger topic.)

## 2. Falls in the elderly

### Criterion

Some drugs, particularly antihypertensives, some diuretics and some hypnotics can cause falls, particularly among older people. People should be aware that these medicines may cause them to feel faint on standing, or dizzy, or drowsy the next day and these factors may predispose them to falls.

### Action

- ◆ Ensure that all relevant staff are aware of the potential side effects of these drugs which may predispose patients to fall and injure themselves.
- ◆ If you provide services to care homes you could survey patients' medication profiles where patients are known to have fallen, and also ensure that care staff are aware of the potential risks.
- ◆ Work with home helps, community nurses, occupational therapists and doctors to identify at-risk patients.
- ◆ Ensure that patients have their medication reviewed (or condition and treatment re-examined) so that likelihood of falls is minimised.

### Possible standards

- 1 All patients, particularly the elderly, presenting with first-time prescriptions for relevant hypnotics and antidepressants and identified anti-hypertensives or diuretics to be counselled about the side effects and possible risks
- 2 All care home staff to be informed through a training session about the side effects of these drugs and the potential for falls.

### Outcomes

- ◆ Increased awareness in patients/customers about the potential for falls
- ◆ Increased awareness in patients and in health care professionals about your role as an adviser
- ◆ A reduction in the number of falls.

### 3. Safety in the pharmacy

#### **Criterion**

Risks of accidents within the pharmacy should be minimised in accordance with Health and Safety law and good practice.

#### **Action**

- ◆ Identify all hazardous chemicals and other hazardous substances from labels
- ◆ Review which of these are likely to be used in practice in your pharmacy
- ◆ Dispose of all unwanted substances in accordance with disposal of special waste regulations
- ◆ Make sure all staff understand the risks of using identified hazardous chemicals
- ◆ Produce COSHH assessments if not already done, and review them if already in place (which is a legal requirement)
- ◆ Review other Health and Safety measures relating to prevention of accidents:
  - ◆ check that trapdoors don't present a hazard to staff and customers
  - ◆ check that boxes of goods and other items don't clutter the floor, thus presenting a hazard
  - ◆ check stairways are clear
  - ◆ review fire precautions etc.

#### **Possible standards**

- 1 All required chemicals to be identified and disposed of, if not required, within three months via local waste disposal procedures
- 2 Protocols in place for dealing with syringe/needle exchange schemes, body fluid testing, etc. within three months
- 3 Health and Safety policy to be reviewed within six months
- 4 Protocol to be drawn up for annual review of hazardous substances in stock, staff information and training, etc. in accordance with COSHH requirements.

#### **Outcomes**

- ◆ a safer working environment
- ◆ less fear of the environmental health inspector's visit!
- ◆ possible reduction in insurance premiums

## Resources

- ◆ BNF and Pharmacy computer software for drug side effects
- ◆ CPPE distance learning course, Adverse Reactions (gives clear information on drugs likely to cause drowsiness, dizziness, etc.)
- ◆ Information File on Health and Safety, COSHH, etc. from the NPA - free to members and at appropriate cost to others.