Caldecott Foundation

First Aid & Administration of Medication Policy

REGULATIONS AND STANDARDS
The Health and Well-being standard

RELATED CHAPTERS

Recording and reporting of Accidents Procedure

Health Care Assessment and Plans Procedure

Self-Harming and Suicidal Behaviour Procedure

Health and Wellbeing, Health Notifications and Access to Service Procedure

Amendment

This document was last reviewed in November 2025 by the Caldecott Foundation.

Contents

1. First Aid

The Home must have a suitably trained and qualified First Aider on duty at all times.

First Aid boxes should have a white cross with a green background and must be held in the Home and should be carried in any cars or vehicles used for the transportation of children.

Each box has an inventory that must include the full quantity of each item stipulated in the box. When an item has been used, then it should be replaced as soon as possible.

Recording: Each child should have permission for an adult to administer first aid and non-prescription medication from a person with Parental Responsibility for them recorded in the relevant plan. Permission should be sought and arranged by the child's social worker.

The administration of First Aid must be recorded in the digital recording system used in the home.

2. Administration of Medication

This policy covers the ordering, storage, administration and disposal of medication in our children's homes, and therefore forms an important part of our overall risk management & safety planning. All adults working in Caldecott Foundation homes must follow the procedures outlined in this guidance and report safeguarding or child protection concerns to our designated safeguarding leads in accordance with our safeguarding policies.

3. Training and Competency

Suitable training will be provided for all adults who administer medication to ensure they can perform the role in a way which is safe and efficient. The Registered Manager will keep a record of this training.

All adults will complete an online Medication course as part of their induction, followed by a competency assessment. Registered Managers will have completed a suitably accredited Competency Assessment training course and will use the Caldecott Short Competency Assessment Record to record demonstrated competencies. Within their first year of employment and bi-annually thereafter adults are expected to complete a suitable Skills for Care accredited face-to-face training course. Only adults who have completed the online course and have been deemed suitably competent by the Registered Manager or Responsible Individual may administer medication to children.

The administering adult should read this **Administration of Medication Policy** and sign a declaration, to confirm they have read and understood the contents. A list of all adults authorised to administer medication will be maintained, along with specimen signatures/initials. It is the responsibility of the Registered Manager to ensure this document remains up to date at all times.

4. Obtaining medication

Any medication which is given to the home by a parent, carer, social worker etc can only be accepted if:

- it is provided in the original box or packaging, as dispensed by the pharmacist.
- has the original pharmacy label showing the name of the child.
- is in date
- includes instructions for administration, dosage, and storage.

Recording of medication received must take place immediately or as soon as possible after receipt in the home. All medication orders made by The Caldecott Foundation employees shall be completed by a competent person as nominated by the Registered Manager.

Adults working in the home must ensure they notify the Registered Manager if any medication appears to be in short supply. All medication should be re-ordered, using the repeat prescription form that comes with each prescription, and taken to the relevant practice or via the online service set up by the home and the prescriber. Under no circumstance should a verbal prescription be used, unless confirmed in writing.

Details of a supplying pharmacy and GP practice, together with details of the emergency out-of-hours service are in our digital recording system for each child. Alternatively, please call NHS 111 or for life-threatening emergencies 999.

When new medication arrives, it must be checked at the earliest possible opportunity, by a colleague authorised to administer medication, to ensure that all details are correct.

The check will include:

- Ensure a three way match for all the details on the medication label, product box and on the Medication Administration Record (MAR) chart - **these must be identical.**
- storage conditions.

- expiry dates.
- comparing the delivery against the record of the original order, to ensure it is complete.

Any controlled drugs must be recorded in the Controlled Drugs Register, by two designated and trained adults.

5. Record keeping

An up-to-date list of current medicines, prescribed for each child should be maintained in each child's digital health record. It should clearly identify if they are able to self-administer and what, if any, support they may need to do this. The key to the plan is that it captures the steps, which the home should take to help the child manage their condition.

A MAR chart is maintained for all medication intended for use by our children, regardless of whether or not they are using it, as some may be required on an "as and when" basis. The MAR chart will contain the following information:

- Child's name
- Allergies (including recording 'none known' – do not leave this blank)
- Medication prescribed
- When the medication must be given
- Required dose
- Route of administration
- Time of administration
- Any special information, such as giving medicines with food
- For 'when required' medicines, the maximum dosage in 24 hours

All entries on the MAR charts must be checked for accuracy and signed by the adult administering the medication. Details of the administration of medicines will be recorded for each child on their MAR chart at the time of administration and not before or later. For children who are self-administering, the record should show the date given and quantity of a specific medication, to allow an adult to assess if the medicine is being taken correctly. The Registered Manager is responsible for making sure that all records relating to medicines are kept correctly and retained for at least 3 years, after the date of the last entry.

6. Audit trail/stock rotation

All medication retained within the home must be accounted for at all times, with a paper trail as verification. Regular audits will be documented and filed by the Registered Manager. For all medication in bottles or with expiry dates the date of the opening must be recorded on the label and the contents discarded and recorded after the specified time has lapsed. Advice from the supplying pharmacist must be sought if there is any doubt as to the expiry of any medication. Where medicine has an inner and an outer container, such as liquids, creams and ointments, the pharmacy label must be applied to the item instead of, or as well as the outer box.

7. Storage requirements

When a child chooses to administer their own medicines or need to carry their medication with them at all times, (subject to an individual risk assessment for self-administration, for example epi-pen, diabetic insulin, or asthma inhaler), a secure drawer, cupboard or safe will be provided for this purpose, if appropriate; and the child will be given responsibility for the security of the physical or digital key. A copy of the key will be stored securely by the home,

for use in emergencies only. Other medication, not requiring cold storage or controlled drug requirements, will be stored in the designated robust cabinet secured by lock and key. This will provide space for each child to have their medication grouped together, with internal and external medicines stored separately. This cabinet will be used only to store medication. The keys to this cabinet will be on a separate ring, reserved solely for this purpose, and be kept by the designated senior member of the adult, on their person or stored securely in the key safe. Duplicate sets of keys will be limited, and any unresolved loss of keys must be followed with a change of locks. All medicines must be stored in accordance with the manufacturer's instructions. This is commonly below 25°c for non-refrigerated products. However, information on storage requirements can be found on the packaging or in the Patient Information Leaflet provided with the medication. See also **Additional requirements for controlled drugs**, below.

All medicines requiring refrigeration must be stored securely, in a dedicated medication fridge, which should be kept locked. When in use, the medication fridge must be maintained at a temperature between 2 - 8°c. The medicines fridge must be monitored using a thermometer, which measures both the minimum and maximum temperature. The thermometer, or its temperature monitoring probes, should be sited in a central location within the fridge (not in the door) and the minimum and maximum readings taken and recorded in a log, every day. If the thermometer indicates that the fridge is not operating within the correct temperature range, advice must be sought from the pharmacist. If necessary, all stock should be disposed of in accordance with the section of this policy on the **Disposal of medicines** below; and a new supply obtained with as little disruption to the continuity of care for the child, as possible. The fridge must be cleaned every month and defrosted as and when appropriate and a record of both actions maintained in the home records.

Unopened insulin is to be stored in the refrigerator but should be removed for at least one hour before administration, for better comfort and efficiency, and can be stored safely for up to 28 days or 6 weeks (depending on the manufacturer) out of the refrigerator once it is in use. Some manufacturers suggest that to prevent constant fluctuation of temperature, it is good practice to store all opened insulin at room temperature, within the recommended timescales. However, care must be taken to ensure that the temperature of the room does not exceed 25 c. As with all other medications, it is essential to check the expiry date of insulin, when it is received into the home and before administration. When records of insulin are made it must be ensured that the wording 'units' rather than abbreviations i.e., 'U' or 'UI' are used. In all cases, the manufacturer's recommendations for storage must be adhered to.

Particular attention must be paid to the expiry date for any medication, which may or may not be displayed on the outer packaging. If the expiry date is not visible on the outer packaging, it can be found on the product label on the medicine itself. Some medicines are given a short expiry date, such as:

- prepared antibiotic mixtures - the pharmacist will give it an expiry date of one or two weeks, depending on the product.
- eye drops - these are usually given an expiry date of four weeks, after first opening the container.

The Registered Manager should ensure that the home is signed up with the MHRA for information regarding drug recalls. This can be done online at the following website: http://www.mhra.gov.uk.

8. Administration of medication

Administration Process

The prescriber's directions will be on the printed label, attached to the medication. Additional information can be found in the Patient Information Leaflet, provided with the medication. It is essential therefore that the Patient Information Leaflet is kept. Patient Information Leaflets can be obtained online from www.medicines.org.uk. If in any doubt, the supplying pharmacy should be contacted for advice.

If there are any queries regarding how the medication is to be given, the prescriber or pharmacist must be consulted for advice. Medicines that have been prescribed and dispensed for one child, must not under any circumstances, be given to another person, or used for a purpose that is different from the one they were prescribed.

To avoid errors with the administration of medication, the following MUST be adhered to: •

- Medication must only be administered when prescribed and not left in other containers.
- When not in use, the medication cupboard must be locked and the key held by the person responsible; or stored securely in a locked drawer, cupboard etc.
- Any medicines, which appear to be in short supply, must be reported to the Registered Manager immediately.
- A record must be made on the MAR chart directly AFTER each medication has been taken. If for any reason, medication is not given or refused, the reason for this must be recorded clearly on the MAR chart.
- Any refusal should also be documented in the child's daily record and the Registered Manager informed. A key at the bottom of the MAR chart shows the correct symbol to use. Regular refusals must be reported to the child's social worker and the prescriber
- The MAR chart must be used to check the child's name, medication, its dose and frequency against the name, medication, dose, and frequency on the medication label. The two must mirror. If there is any discrepancy, clarification must be sought from the prescriber before medication is administered.
- The correct device must be used for the process, i.e., British Standard stamped measuring spoons/oral syringes. Also, if the manufacturer states that these are to be used for single use only, this direction must be followed.
- Controlled drugs must be administered by two designated adults - one trained to administer and one as a witness. A record must be made on the MAR chart and in the Controlled Drug Register. (See also para. 10.1 Procedure for the administration of controlled drugs).
- If a medication error should occur, it must be reported to the Designated Safeguarding Lead immediately.
- All adults must be familiar with the policy and the system of medication administration.
- Careful consideration of the necessary time-lapses required between medications must be made.
- Adults must be aware of the medication they are administering to children; monitor the condition of the child following administration; and call the GP, if there is concern about any adverse change in condition that may be a result of medication.
- Medication reviews will be held on a 6-monthly or annual basis by the prescriber. The GP can also request a review, as appropriate
- Clearly identify the medication, and check the dose, route of administration and time

- You must observe the child to ensure they actually take their medication and do not 'stockpile' it for future use or pass it to others. You must not leave the child until you are satisfied that the medication has been swallowed, where appropriate.
- Once the medication has been taken by the child, sign the MAR chart in the correct column, with the correct medication and administration time.
- If the child refuses the medication, do not press the issue - allow a short time and re-visit the child and ask them once more. You must never force a child to take medication under any circumstances.
- If a child refuses to take their medication, once they have been given it, an adult should seek to retrieve the medication immediately and seek support, if appropriate.
- If a dose is not taken or has been missed for any reason, note this using the codes on the base of the MAR chart.
- After checking, that all medication has been given to the child, and correct entries made on the MAR chart, repeat the process for other children, as appropriate.
- In the case of "as required" medication, a check that the medication is required should be made with the child and, if necessary, the amount and time given must be documented on the MAR chart and in the Safety Plan. Extra care must be taken in these cases, to ensure that the medication has not already been administered by another adult in the home.
- When a variable dose is prescribed e.g., "one or two tablets", the quantity taken must be documented on the MAR chart.

As required medication

In the case of medication prescribed to be taken "when necessary" or "when required" (PRN), the indication must be made clear on the medication label, on the MAR chart and in the Individual care plan. In addition, the maximum dosage in 24 hours and the necessary time interval between dosages must be annotated on the MAR chart. Clear instruction must be obtained from the prescriber, as to the indications for the medication and under what circumstances it may be administered. It must be agreed with the child, as to how this medication will be requested and/or offered. As with other medications, a check must be made that a dose has not already been administered by another adult working in the home. Following the administration of a PRN medication, the outcome for the child should be noted and monitored, in order to (a) form a comprehensive picture of care, and (b) support future consultations with the prescriber.

Administering medication off-site

Medication taken off-site must be signed out, stored in an appropriate container, and carried by an adult authorised to administer medication. All medication carried in vehicles, must be stored securely out of reach of children e.g., locked in the glove box or a car boot. Details must also be recorded on the **Off-Site Visit Form and Risk Assessment**. Parents, carers, social workers, teachers etc should also be advised of the above precautions, as appropriate, when transporting children and medication, at the same time. When taking children on field trips or residential holidays, adults must consider taking spare prescriptions for essential medications and even a letter from the prescribing professional, where appropriate. This would be essential when going abroad, where there is a greater risk of losing medication in transit or being challenged at customs, particularly about transporting controlled drugs.

All steps identified above must be followed when administering medication off-site and all medication being returned to the home must be signed in.

Administration using specialised techniques

Adults working in the home must not undertake any task, which properly falls within the responsibilities of a health care professional e.g., the injection of certain medications. With specific training, certain procedures, such as the injection of insulin or rectal administration of diazepam for an epileptic seizure, may be carried out by a designated adult. However, the adult involved must be willing and comfortable with the procedure and reserves the right to decline responsibility for the administration of medication, using specialised techniques, if they feel they are not wholly prepared and comfortable with doing so.

The use of measuring devices

It must be ensured that any measuring device is accurate. Generally, oral syringes supplied with medication are for single-patient use, rather than single-use, but if there is any doubt, the supplier must be contacted for advice.

It is essential to use the correct type of syringe for the route of administration. An appropriate oral syringe should be used to measure oral liquid medicine if a medicine spoon cannot be used.

Adverse drug reactions

Medication is chosen to produce a specific effect; however, unwanted side effects may also occur. In the event of an adverse reaction to a medication, you must get medical help immediately. Advice may be sought from the:

- Child's GP or prescribing professional
- NHS 111 (telephone number: 111)

Healthcare professional advice must be followed, and the child's progress monitored. The event must be documented on the MAR chart and in the child's safety plan.

Alterations to a medication

Direction by a prescriber to alter a dose or stop medication may occur either during a consultation or via a telephone conversation. Written confirmation of the change must be requested, whenever possible. It is best practice to have a second witness to listen and verify verbal alterations to prescribed medications, additionally, adults can request a transcript of the call from the 111 service.

Instructions given over the telephone, by the prescriber, must be noted on the child's safety plan and MAR chart; and the prescriber requested to initial or confirm this change in writing, at the first opportunity.

If the prescriber refuses to confirm the alteration or discontinuation in writing or by adding a signature to the MAR chart following a consultation or telephone conversation, the procedure must be witnessed by two adults, documented, and signed by both on the child's MAR chart and care plan stating the alteration, instructing prescriber, time and date.

Although the label on the corresponding medicine container must not be altered, an identifying mark can be placed on the container to indicate that a change in dosage has occurred. A new medication must not be initiated without a prescription.

9. Additional requirements for controlled drugs

Controlled drugs must only be administered by designated and trained adults. A second adult must witness the administration of controlled drugs.

Controlled drugs, administered by adults, must be stored in a metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations 1973. This includes the use of a heavy gauge metal cabinet with a double locking mechanism, or a heavy gauge metal cabinet (single lock) stored in a locked office. Controlled drug cabinets must be fixed to a block or brick wall or concrete floor.

Receipt, administration, and disposal of controlled drugs must be recorded in a (bound book) Controlled Drug Register, as well as on the MAR chart. A running balance, checked by another trained adult, must be maintained. There must not be any cancellations, obliterations, or alterations. Corrections must be made by a signed and dated entry in the margin, or at the bottom of the page.

Controlled drugs for disposal must be recorded in the Controlled Drug Register and a signature of receipt obtained.

The balance of controlled drugs will be checked, before and after each administration, by both adults present and every week, by the Registered manager. If there is any doubt, as to whether or not a medication within the home is a controlled drug, advice, must be sought from the pharmacist or prescriber.

Procedure for the administration of controlled drugs

The procedure for administration must be followed, along with the additional requirements outlined below:

- An authorised adult and witness take the controlled drug from the controlled drugs cupboard. They agree on the stock balance with the Controlled Drugs Register.
- The authorised adult member places the controlled drug in a small medication pot, directly from the dispensed container, and offers the medicine to the child with water to drink.
- Once the controlled drug has been taken, the authorised adult member signs the MAR chart and Controlled Drug Register to this effect, the witness must check that the balance is correct and sign to agree on this.
- The authorised adult member and designated other, will return the remaining medication and Controlled Drug Register to the controlled drugs cupboard, and lock them away.
- Record any refusal or omission,
- Record any error, and report to Designated Safeguarding Lead if required.

10. Self-administration

All children will, subject to age, understanding and risk assessment, be encouraged to self-administer medication or treatment, including, for example, any ointment or use of inhalers.

On arrival of a new child, adults must establish whether the child has the wish to administer their medication and assess whether or not they are competent to do so. This could be wholly or partially, such as with the use of some inhalers. Where self-administration is shown to be a possibility, a robust risk assessment must be conducted, and the Registered Manager will seek to establish that the child:

- wants to take responsibility for looking after and taking their medicines.
- knows what medicines they take, what they are for, how and when to take them and what is likely to happen if they do not take them; and
- understands how important it is not to leave the medicines lying around, where someone else may have access to them.

Documentation must highlight the level of support required from adult, to enable self-administration, in the child's safety plan and on the MAR chart

Children's ability to self-administer their medicines must be regularly reviewed. If at any time the child (or another child) is at risk from misuse of medication, a full review of the risk assessment must be conducted, and the Safety Plan(s) and MAR chart updated.

11. Children's rights and preferences

It is the right of every child receiving care, to achieve maximum benefit from their medicines. To this end, adults, parents, carers and other adults, prescribing professionals, pharmacists, and any other person involved in their care, must communicate and work together.

Children may have a preference in the way in which they take or receive their medicines, or who gives medicine to them and when. This may be due to culture, religion, or several other reasons. The child's choices and preferences must be identified and considered, within a risk management framework, and documented in their Safety Plan, where appropriate.

Every effort should be made to preserve the dignity and privacy of children in relation to medicine taking.

12. Refusal of Medication

Children have the right to refuse to take their medication. If a child refuses to take their medication, do not press the issue - allow a short time and re-visit the child and ask them once more. **You must never force a child to take medication under any circumstances**. Any refusal to take medication must be recorded on the MAR chart and reported, as appropriate.

Emergency Medication

Trained Adults working in the home will be protected, in an emergency, if they have worked in accordance with best practice and believe their decision-making to be in the best interest of the child. Any best-interest decisions made, in an emergency, must be recorded in accordance with relevant policies and procedures.

13. Covert medication

'Covert' is the term used when medicines are administered in a disguised format, without the knowledge or consent of the person receiving them, for example, in food or drink.

Medication must not be administered covertly for children. If a child is refusing their medication, it must be brought to the attention of the Registered Manager. Every effort will then be made to support the child, by explaining the reason for them taking their medication. If the child still refuses to take their medication, their decision must be respected and documented and the parents, carers, and prescriber informed, as appropriate.

14. Crushing tablets

It must not be assumed that it is safe to crush or cut tablets or open capsules, to make them easier to swallow, because this may affect the way the medicine works. Where a child has difficulty taking a particular medication, advice must be sought from the pharmacist, who may be able to suggest an alternative formulation of the medication.

15. Disposal of medicines

Medicines must be disposed of when:

- the expiry date is reached or on the advice of the pharmacist or medical practitioner. Some medicine expiry dates are shortened when opened, for example, eye drops.
- equipment such as fridges or other cooling systems has failed to work.
- there is an excess of medication, a surplus to a child's requirements.
- a dose of medication is taken from the dispensed container, but not taken by the child. At this point, it must be placed in a separate labelled container and sent for safe disposal.
- a course of treatment is completed and there is a surplus to requirements, or the medical practitioner stops the medication.

Method of disposal

Medication for disposal must be returned to the supplier e.g., the pharmacy or dispensing surgery. A record of ALL returned medicines must be made. The record of disposal must include the:

- child's name.
- name, strength, and quantity of medicine(s).
- date of return.
- signature of the member of adult returning the medicine; and
- signature of the person receiving the medicine.

For the disposal of controlled drugs, see **Additional requirements for controlled drugs.**

16. Homely remedies

A signed consent form from the individual(s) with parental responsibility must be obtained to allow a child to be given homely remedies. This form should stipulate what homely remedies the home provides, with the option for the parent/carer to select between the different forms of medication available. The form should be kept with the Safety Plan and must be accessible to all adults authorised to administer medicines.

Only adults who are trained and authorised in the administration of medicines can administer, at the request of the child, a homely remedy. Particular attention must be paid to the advice on the medicine packaging, to confirm frequency and dosage is correct; and to ensure that they are aware of how long the medicine can be used, before referring the child to a GP.

A MAR should be completed, to record the administration of all homely remedies.

For further advice on what a pharmacist can support with please see: https://www.nhs.uk/nhs-services/pharmacies/how-pharmacies-can-help/**Paracetamol**

There are risks associated with administering paracetamol, not least the possibility of tablets being secreted, stockpiled for future use, or passed to others, the procedures outlined in para. 7.1 Procedure for administration should minimise the risks to all children.

As with all medications, paracetamol must be taken in accordance with directions described in the Patient Information Leaflet provided or as instructed by a health professional. **Adults must be vigilant in recording the administration of ALL paracetamol and paracetamol-containing medication e.g., cold and flu remedies and check the MAR chart to ensure a dose has not already been administered before being given a further dose.**

Taking a paracetamol overdose can be very dangerous. If four doses have been issued within 24 hours, no further doses will be given until a medical practitioner has seen the child.

If a child poses a risk of secretion and/or overdose, this must be reflected in their risk assessment and a decision made as to whether to provide liquid paracetamol (which is harder to secrete), instead of tablets.

If a child has taken more than the recommended maximum dose, they must be taken to the nearest accident and emergency (A&E) department, as soon as possible. It can be helpful to take any remaining medicine and the box or leaflet with you to A&E if you can.

17. Individual children's purchased medication

The home appreciates that children in some circumstances have the right to purchase their own medicines, or to have these brought in for them by their parents, carers, or social worker.

These will need to be authorised on the consent form and stored with the home's medicines unless they have a risk assessment allowing self-administration.

18. Safety Plans

All health-related conditions, medication and associated risks that may have implications for how adults support the child and/or respond to their behaviour, will be recorded in the individual safety plan, and circulated to all adults working in the home.

Consideration must be given to the need for some children to have specific medications immediately available in the event of a potential health emergency; examples would include asthma inhalers and adrenaline auto-injectors (for the treatment of anaphylactic shock). Where the potential risks of a child carrying medication are significant, e.g., misuse of an adrenaline auto-injector, the Registered Manager should consult with one or more of the following, as appropriate:

- designated safeguarding lead
- medical professionals
- The Caldecott Foundation's Health & Safety Manager

Where new information is brought to the attention of a member of the Registered Manager, including the diagnosis of a new condition or prescription of new medication, details will be communicated to the relevant adult, as soon as reasonably possible; and the safety plan will normally be reviewed and redistributed (where appropriate) within 72 hours.

Adults are obliged to familiarise themselves with the current safety& care plans for every child they are likely to have responsibility for educating, engaging, supporting or supervising.

19. New children/children leaving

Communication on these occasions is essential to ensure the continuity of care for the child. When a new child arrives or before their arrival, the Registered Manager will guide the child and their parents, carers or another social worker in the home's policy for the administration of medicines; and record decisions in the Safety Plan where necessary.

Child arrival

At the earliest opportunity, before or on admission, the Registered Manager will verify the current medication needs of the child. The information will be checked against medication arriving with the child. Any non-current medication will be returned to the parents, carers or pharmacy for safe disposal, as appropriate. A MAR chart will be completed and checked for correctness and signed by a second member of the home team, authorised to administer medication. If the child is registering with a new GP, the key worker will communicate with them, to make sure all information is up to date. If there is an excess of current medication, this will be communicated to the parents, carers, and GP, as appropriate. The Registered Manager will discuss the issues of consent, (self) administration, allergies, side effects and sensitivities to medication with the parents, carers, social worker and child, as appropriate; and the necessary consent forms will be completed.

Child Moving On

When a child is moving on and leaving the home, the Registered Manager must ensure that there is an adequate supply of the correct medication and relevant information, including a copy of the MAR chart to take with them. A record of any medication leaving the home with that child must be made and signed, by both the adult handing over medicines and the individual receiving them.

20. Medication error

The Registered Manager must create an environment in which adults feel able to report errors or incidents, in the administration of medication, immediately. Any medication error must be reported to the Designated Safeguarding Lead as a matter of utmost urgency and details recorded in writing within 2 hours, or by the end of the working day, whichever is sooner.

In the event of a medication error, the adult should contact one of the following:

- the child's GP or prescribing professional
- the local out-of-hours service; or
- NHS 111 (telephone number: 111).

All relevant information must be shared, and any instructions followed.

Details of the error, including all information shared and advice received, must be reported, and recorded in accordance with policies and procedures. The social worker, parents or carers must be contacted, as appropriate.

If the child has a serious adverse reaction, then the adult must ring 999 and request an ambulance, ensuring that all relevant information regarding the error is shared with the call handler.

ALL medication errors must be reported to the parent, carer or another responsible adult (e.g., social worker), as appropriate AND the Local Authority Designated Officer (LADO) within 24 hours.

If the dispensing adult misplaces a tablet, they must inform the Registered Manager immediately. The prescribing professional and pharmacist will be contacted, and advice sought regarding the possibility of a one-off prescription to cover the loss. The error must be documented, and the MAR chart completed in accordance with the codes listed at the bottom of the sheet.

To reduce the chance of errors occurring, dispensing adults must:

- maintain an up-to-date knowledge of all children and the medicines involved.
- avoid distractions whilst giving out medication.
- remain with the child during the entire administration process.

If in any doubt, do not give the medication until clarification has been obtained.

21. Misuse or theft of medication

The misuse or theft of medication is a crime, and is wholly unacceptable and will not be tolerated. However, our response always focuses on promoting and safeguarding the welfare of children.

All medicine-related incidents must be reported to senior adult as a matter of urgency and recorded within 2 hours of the incident; and will be addressed in accordance with relevant policies, procedures, and guidelines. The suspected misuse or theft of controlled drugs must also be reported to the police and consideration given to a Regulation 40 Notification.

22. Medication away from the home

When a child spends time away from the home, efforts must be made to ensure the continuity of medication

If a child is going to be absent from the setting for a significant length of time, for example, a holiday, the medication must be sent with the child in its original dispensed containers. This should be recorded, as per a child leaving.

- In the case of a child regularly leaving the home, for example, going home for regular evenings or weekends, the child's GP may be asked whether an alternative prescription can be made available for the alternative location.
- For school trips and other outings, enquiries should be made, to establish whether the medication could be taken at a different time.
- If it is established that the medication must be taken whilst the child is absent from the home, then a separate, suitable container such as Monitored Dosage Systems, should be requested by liaising with the prescribing professional and pharmacist.

Secondary dispensing occurs when medicines are removed from the originally dispensed containers and put into pots, egg cups, envelopes, or any other container in advance of the time of administration. This is not considered a good practice as this process has removed a vital safety net to check the medicine, strength and dose with the MAR chart and label on the medicine at the same time you check the identity of the person.

All medicines must be given from containers dispensed and labelled by the pharmacy or dispensing GP. Secondary dispensing is strictly forbidden.

A record of medication going out with the child and a record of medication returned with the child, (even if this is zero) must be made.

Admission to hospital

If a child is admitted to the hospital, the remaining supply of all medication must be taken with them. This must be documented on the MAR chart, in accordance with para. 18.2 Child leaving. Any medicines returned with the child must be checked in, in accordance with para. 18.1 Child arrival, considering any potential changes. Any information, which may be relevant to the care or treatment of the child, must be communicated to the hospital.

23. Out-of-hours medication

For medicine-related treatment outside normal practice hours, contact NHS 111 Tel: 111 24.

24. Adult use of medication

While adults may have a legitimate reason for using prescribed and over the counter (PRN) medicines while on duty or on-call; you must have regard for the effects that taking medication may have on your motivation, judgement, concentration, and coordination.

With this in mind, you are required to notify your supervisor or line manager in writing of

- all medication you are taking, that may adversely impact on your ability to perform your assigned role and responsibilities safely and effectively; whether or not the medicine has had any potential effect to date. For example, in the case of starting a new medication (this excludes any contraceptive medicines).
- any significant changes in the dose or frequency of such medication; and the potential impact on your ability to perform your assigned role and responsibilities.

Failure to do so may result in disciplinary action. All information will be treated in the strictest confidence.

Where appropriate, the supervisor/line manager will conduct a risk assessment in respect of the individual and their condition, the medication prescribed, any potential side effects, safe and appropriate storage, and actions to be taken in the event of an emergency.

Where the potential risk to the member of adult, children, colleagues, or others is considered significant, the supervisor/line manager should consult with one or more of the following, as appropriate:

- medical professionals
- The Caldecott Foundation's HR manager
- The Caldecott Foundation's Health & Safety Manager

All prescribed and over-the-counter medication brought onto our premises must:

- be stored securely, out of sight and reach of children, in a locked room, with restricted access.

- be in its original container, as dispensed by the pharmacist and include the original pharmacy label showing the name of the member of adult, where appropriate.

Adults should only bring a reasonable quantity of their own use medication into the home with them – thus reducing the potential risk if a child was to gain unauthorised access to it.

25. Implementation, monitoring, evaluation, and review

The designated person with overall responsibility for the implementation, monitoring and evaluation of the 'Administration of Medication Policy' is the Registered Manager. The designated person is also responsible for ensuring that all children, adult, parents/carers and placing local authorities are aware of our policy. All children and adults are informed about this policy during their induction and are reminded of the procedures as necessary.

Additional support would also be provided to any parent or significant person, wishing to know more about the policy and procedures outlined above. An electronic copy is posted on our website: Contents (proceduresonline.com)

This policy document will be reviewed and publicised in writing, at least annually and, if necessary, more frequently in response to any significant incidents or new developments in national, local, and organisational policy, guidance and practice