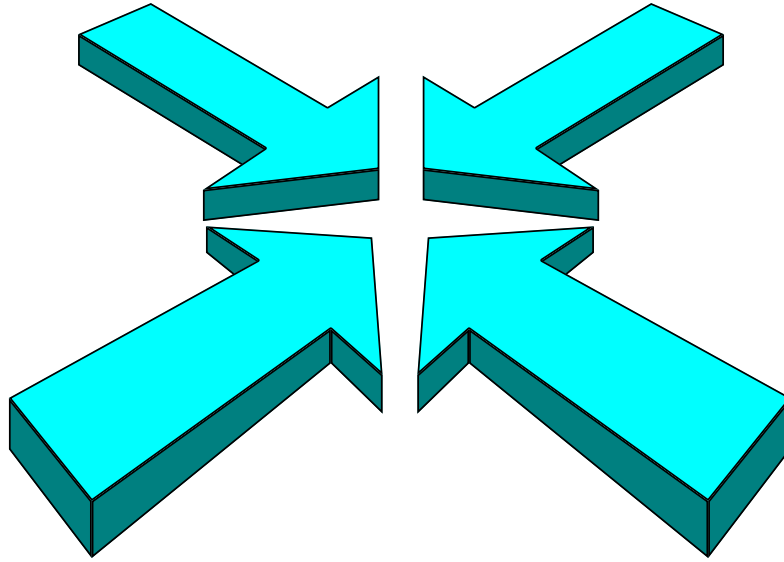


# Westbrook's Medication Procedure



Specialist Children's Services

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# Contents

- 1: Introduction**
- 2: Storage & Security**
- 3: Receipt of Medicines**
- 4: Labelling**
- 5: Hygienic handling of medication**
- 6: Administration of medicines**
- 7: Recording**
- 8: Controlled drugs**
- 9: Self-Administration**
- 10: Non-prescriptive medicines**
- 11: Discrepancies**
- 12: Treatment outside the home**
- 13: Disposal of Medicines**
- 14: Adverse drug reaction reporting**
- 15: Training**

## Westbrook's Medication Procedure

### 1: Introduction

The purpose of this medication procedure is to provide a clear and workable framework with the sole focus of ensuring that safe systems of receiving, storing, administering, recording and disposal of medicines is at the forefront of practice.

This medication procedure should be read in-conjunction with the medication policy and form the basis of staff's training and understanding of safe handling principles when dealing with medicines.

It is essential that staff receive adequate training and guidance when carrying out health related tasks. It is vital that staff feel confident and competent in handling medicines, therefore the interests of both service users and staff are safeguarded.

All staff that receive training in the handling of medicines and are assessed as being competent are known as **"Designated Persons"**. The training that will be offered will reflect the needs of the service users and the expectations set within this procedure, as this will be the standard by which you will be working at Westbrook.

It is essential that staff adopt a mentality that promotes service users to exercise as much control as possible over their health needs as deemed appropriate to age, behaviour and disability. Assisting a young person with their health needs is very personable to them. Therefore staff need to maintain a standard of practice that is sensitive to individual's needs, it is vital that a good care planning approach is used as well as exploring risks within the units Health & Safety risk assessment. Staff are accountable for the handling of medicines and therefore must always act in such a manner to promote and safeguard the interests and well-being of all young people in your care.

### 2: Security of Medicines and Designated Medication Room.

Westbrook has a designated medication room, which is located on the 1<sup>st</sup> floor. The medication room is located off a corridor prior to entering the main office area. There is a separate key that locks and unlocks this room (purple). **This room must be kept locked at all times** except when medication is being received or administered. **Staff must never leave this room unsupervised** when it is in use. This designated medication room must only be used for the purpose of storing, administering and recording medication. This designated medication room is restricted to authorised staff only.

**Keys – The keys to the medication cabinet will be located in the medication room. These keys are not to be removed from the medication room under any circumstances.**

The designated medication room is fit for the purpose and requirements of its service users. This room is of sufficient size to allow for the administration of medicines to take place sensitively and privately. Restricting the administration of medicines to one designated area will alleviate

the possibility of drugs accidentally falling on the floor for other service users to gain access. If it becomes apparent that it is inappropriate for a service user to take their medication in the designated medication room, a specific risk assessment needs to be completed to establish another safe private area. In some cases it may be more appropriate if a young person that takes medication through a gastrostomy tube, that this is administered in that child's room during the personal care routine. **Medication should not be given in communal areas for the convenience of staff.**

An exception to this rule is the administration of emergency medication. Medication such as Epi-pens, PRN Asthma inhalers or Buccal Midazolam will be administered at the location of the young person needing treatment. Refer to guidance on **Special Techniques**. One further exception to this rule has been added for a specific young person presently attending the service who struggles with transitions and becomes significantly distressed. Some of the medication is prescribed for epilepsy management. One medication is a Controlled Drug. The Leadership team have risk assessed that the medication can be given to the child in her bedroom under strict conditions. This includes a specific risk assessment that has been discussed with all staff and all staff have signed to agree that they understand that this is a bespoke set of circumstances for this particular child and can only be administered in her room under strict and safe conditions that do not impede the safeguarding and well-being of the other young people who attend the service. An outcome that we are working on with the child is for her to transition without distress into the medication room where she is able to have her medication as per the overarching policy and procedures for medication administration at the Service.

Westbrook's designated medication room has adequate storage facilities and these should be used for the type and purpose of the medicine received. Care must be taken to ensure that medical items are stored off the floor and appropriately organised, labelled and maintained. **Storage areas must be kept clean and tidy at all times.**

**Note: The medication room can become very hot during summer months as there is no natural ventilation. In order that medication is stored at an acceptable temperature the air conditioning units are to be used during these periods.**

➤ There are three types of storage areas located in this room; this is as follows:  
*(All cabinets are either secured to the wall or floor). The security of medical cabinets should not be compromised by being used to store other non-clinical items.*

I. **Standard double lockable medication cabinet** – this is to store all medicines other than those that require cold storage. This cabinet due to the design is suitable to store Controlled Drugs. However, it is important that designated staff are vigilant when recording the amount received and the amount that is discharged. Key workers are to refer to the GP/consultant when completing a medication risk assessment to determine whether their key-child's prescribed medication has been categorised as a CD.

II. **Medication room refrigerator** - Medicines that require cold storage. The temperature of the refrigerator needs to be monitored daily when in use. The ideal temperature range is between 2 and 8 degrees centigrade. This responsibility lies with the waking night staff, and is part of their duties during the night. If when monitoring the temperature waking night staff discover that the temperature is outside its normal range, staff are to take the following action:

➤ Check that the fridge is switched on by the mains.

- Adjust temperature gauge and then monitor.
- If fault is still present report to shift leader or senior management team to action a fault repair.
- If there is medication in the faulty refrigerator, staff are to remove and place in a metal lockable tin and place in the fridge located in the medication room.

III. **Standard Kitchen units (Child safety catches)** - To store bolus feeds, vitamin drinks or individual's medical equipment i.e. syringes, gastronomy tubes (clearly labelled and maintained).

Cabinets are of suitable size and constructed with a quality lock, and are sufficient to store the following uses:

- Medicines for internal use
- Medicines for external use
- Medicines requiring cold storage
- Medicines that are described as a Controlled Drug

### 3: Receipt of medicines

It is the responsibility of the allocated key worker to find out all the necessary information in relation to that child / young person's health plan. Key workers are to correctly record this information on the individual's care plan, any known side effects to the medication is also to be documented on the child's / young person's care plan. All medicines whether this be prescribed medication or over the counter medicines / home remedies need to be confirmed by the child's / young person General Practitioner. Staff must complete the GP consent form detailing the medicines to be administered. There are two forms which ask for confirmation of the prescribed and over the counter medication. Staff must fax these forms to the GP requesting a signature and GP stamp verifying that the medication is correct and safe to administer. **Staff must obtain parents' permission prior to making contact with the GP.** Staff should follow the advice of the GP; therefore if the General Practitioner highlights a discrepancy on the consent form staff are to follow those recommendations until the pharmacist label can be renewed.

**Note:** staff / key workers need to be aware that at times General Practitioners may not hold up to date information on their patient. A new prescription, an alteration, increase of medication or a discontinuation may have been implemented from that child / young person's consultant. Therefore staff will need to seek clarification from the lead medical professional in charge of the case.

It is also best practice to ensure that the medication has an up to date pharmacist label with clear instructions, then staff take direction from those instructions. However, if the pharmacist labels to existing known medication is vastly different then staff should **"check this out"** it has been known that pharmacist labels have been incorrectly printed giving the wrong dosage of administration.

It is also good practice that key workers explain and remind parents/carers that if their child's medication is going to change that they must ask the GP / consultant at the time of the appointment to confirm this in writing for the attention of the Short Break service. Key

workers to give copies either by emailing to parents or giving a hard copy of the medication letter for health professionals to complete.

### Completing the Receipt of Medicines Recording Form

Prior to a child / young person accessing the service, the designated member of staff responsible for the storing / recording & administration of medication will start to complete the first four sections of this form by recording known medicines from the MARS card.

This is as follows:

<b>Current medication</b> <i>(Including Non-prescriptive medicines)</i>	<b>What dosage is to be administered?</b> <i>Record amount e.g. 5mgs</i>	<b>At which times</b> <i>(Include PRN medication)</i>	<b>Any special requirements?</b> <i>i.e. Before or after food / tablets are to be dissolved.</i>
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This prior preparation will ensure that staff are familiar with a young persons health needs, therefore being aware of what needs to be handed over on the receipt of medication. **The receipt of medicine recording form is only to be signed as checked & correct when the designated member of staff has checked all those details against the information on the pharmacist labels of the containers holding medicines.**

**Safe handling** – All prescribed medication and non-prescriptive medication needs to be received from an appropriate adult and handed to an appropriate adult. The receipt of medicines recording form has the following sections for staff to record:

- Time medication was received
- Time medication was returned
- Name of designated staff handing over medication
- Name of responsible person medication was handed to

**No medication is to be stored in a young person's bag when travelling to and from the Short Break service. Please hand the medication directly to the school escort or parent collecting the young person from Westbrook**

When the designated member of staff receives the medication this is to be stored immediately in the locked medication cabinet. Staff must check this medication by 5pm as this will allow staff enough time to deal with any discrepancies. Designated staff are then to continue to complete and check the medicines against the pharmacists label and the information recorded on the receipt of medicines form and MARS card. The designated staff will then complete the other two sections on the recording form, which are:

<b>Where is the medication stored?</b> <i>E.g. Standard cabinet or fridge.</i>	<b>Quantity received</b> <i>No of tablets / capsules or liquids received in the unit.</i>
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<b>Quantity returned</b> <i>No of tablets / capsules or liquids returned to an adult.</i>
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—————→ This section is to be completed when all medication has been administered at the end of a child / young person's stay.

Use the weighing scales to record the amount of liquid medication in the bottle. Record “mls” and say “including bottle”

Designated staff are to complete the check list on the “Receipt of Medication” form answering specific questions to the labelling and information surrounding the medication. If at any stage the answer is **NO** to these questions you have a discrepancy that requires attention with a view to resolve. Medication cannot be administered until these discrepancies have been resolved. Staff are to complete the chart on the form (No:4) recording the details of the discrepancy and what action was taken.

Once this process has occurred both staff are to sign the form to confirm that the receipt of medication is correct.

#### **4: Storing different types of medicines**

It is essential that if service users are prescribed a combination of different types of medicines, that these medicines are grouped together and clearly labelled. External creams / ointments need to be kept in a separate bag, however stored appropriately with the other medication (this avoids leaks or potential contamination of other medicines). The appropriate storing of medication ensures that staff are not having to retrieve medicines from different areas therefore reducing the errors that can be made.

There is one exception to this rule, which are as follows:

1: Medicines that require cold storage - Staff are to use the Receipt and Safe Handling Medication Recording Form. On this form there is a section which asks you to record where you have stored this medication, therefore staff are to refer to this section on the form as well as individual's MAR card as a source of information in ensuring all the right medication is administer. As a matter of good practice staff are also to add a reminder note to the other medication that may be stored in the standard cabinet, this ensures that an effective retrieval of medicines is achieved at administration stage.

#### **5: Labelling:**

The designated staff member is to ensure that all medication received has the correct pharmacist label instructions:

- Service users name
- Date of dispensing
- Name and strength of medicine
- Does and frequency of medicine

- Medication packaging also has an expiry date and staff need to check that the date is current and reflective of the current month and year.

Where medicines have an outer container the labelling should always be placed on both or placed on the item i.e. the bottle, eye drop, ointment tube etc.

It is also important to recognise that all medication has a shelf-life expectancy; designated staff are to refer to the Patient Information leaflet which should give a recommended period for when the medication should be discarded from the point of opening. It is important that the date is written on the pharmacist label at the point of opening the medicine and record on the MAR's card, this date will then be used as a point of reference. *Key worker are to advise parents / carers of this.*

Labelling of the individuals medicine needs to be clear and precise. If at any time label's become illegible then prompt advice needs to be sought from the medical practitioner. It is important that the pharmacist label gives clear instructions including the frequency and dose as well as maximum daily dose for medication that is PRN. It is not useful when pharmacist labels read "As directed" or "As Required". Parents are to be advised of this expectation so that the prescriber can write clear directions at the point of prescribing. This will reduce the potential for an error to be made at administration. If clear instructions cannot be given on the label, Key workers are to clarify with a medical practitioner, or if relating to epilepsy, refer to the epilepsy management plan.

Designated staff as well as parents/ carers and other professional should not alter pharmacist labels. There are two exceptions to this rule which are as follows:

- Recording a date at the point of medication being opened.
- To make a reference to a GP fax with current directions to the administration of that medicine. (This is a temporary measure until the label can be updated by a pharmacist)

Designated staff must make every attempted to get any change to the dosage or the way in which a medicine / drug is to be administered supported by a GP / consultant fax or email. If under pressurised circumstances this is not achievable, staff can accept verbal instructions which is witnessed by another member of staff, therefore two staff record the instructions on the MARs card and both sign. The young person's family / carers equally need to be consulted and agree to the instructions understood. If at any point the instructions do not seem compatible with the care or health history of that young person, they are to return home until any discrepancies can be rectified. Equally any verbal instructions must be followed up immediately with a supporting GP / consultant written confirmation.

## **Hygienic handling of medication**

Staff are to carry out good hygienic methods when handling and assisting in the administration of medication or carrying out techniques which are classed as "specialist techniques". Methods are as follows:

- Prepare area for administration
- Wash hands before handling.
- Clean and dry medication pots
- Ensure there is water or preferred drink to assist in the oral swallowing of medicines.



- Wear disposal gloves
  - Do not reuse gloves for another young person
  - Do not handle other equipment prior to administration i.e.: keys.
  - Disposable gloves are also to be worn when decanting / counting medicines

## Administration

All medicines are individually prescribed for each service user, and therefore are the property of the named young person. **Under no circumstances should such medicines be used for the administration of any other young person.**

It is the designated person(s) responsibility to ensure that a young person health plan is being followed. For more complex treatments requiring more specialist nursing skills such as intravenous injections, bladder washouts and complicated dressings lies with the Health Authority visiting nurse. Trained and competent staff will carry out “specialist techniques” which can also be viewed as invasive which are defined as Gastronomy procedures, epi-pen administration or other lifesaving medicines other rectal or vaginal preparations. Refer to “*Specialist Techniques*” for further guidance.

### **Key rules for the administration of medication:**

- Refer to young person’s care plan, medication risk assessment.
- Staff to ensure that they are referring to the health records pertaining to that young person. That designated staff have checked the identity by name, DOB and picture on the MARs card.
- Refer to the Medication Administration Record, ensuring that each medication tallies with the instructions on the MARs card and the pharmacist label.
- Good hygiene principles to be maintained
- Prescribed medication should be as far as possible given at the same time each day, unless there are specific instructions stating otherwise.
- Tablets or capsules are most effective swallowed whole and young people should be encouraged to do this. If this poses difficulties it may be worth considering if the medication can be prescribed in another form.
- All Medication is to be administered in the designated medication room, unless otherwise risk assessed.
- **Ideally all medication is to be administered from the containers / packaging unless otherwise risk assessed.**
- **Two staff are required to carry out all medication procedures. This includes checking in, administration and checking out of medications. Two signatures will be required on all documentation including MAR charts, white recording sheets and the homely remedies recording file.**
- If the medicine / drug is liquid form, there is to be a witness to the drawing of the dosage.

- **If the drug is categorised as a Controlled Drug, then two staff are required to perform this process, this will therefore require two signatures after administration.**
- Medication to be administered in accordance with the prescribers instructions. Following any special requirements.
  - Designated staff are to carry out a final checking process prior to administering medication to the young person. this is as follows:
    - Check label against the MAR card.
    - Check the identity of the service user.
    - Check that medication has not been already administered.
    - Ensure that all medication has been retrieved from the specific storage areas.
    - Ensure that staff are familiar with the style and technique used to support a young person take their medication safely.
    - Administer the medication

**Staff are to observe that the medication has been effectively taken by the young person, that the young person is not holding the drug in their mouth or wishing to discard.**

**If a service user refuses, spits out or vomits their medication, designated persons must never force, or re-administer medication to a service user.**

**Staff are to adhere to the following protocol:**

- Record on the MAR chart using the appropriate code, what has happened.
- Record any useful information on the MAR chart.
- Consult and seek advice from the service user's general practitioner / paediatrician / NHS help-line.
- Inform service user's parents / carers. Social worker and school if appropriate.
- Monitor the service user closely, seek medical attention if the service users health deteriorates or becomes concerning.
- Staff to complete an incident report, as it is an unusual occurrence.
- ❖ **Note:** Medication should not be administered covertly, this meaning disguising or concealing the tablet / capsule for example: in food. If such a method is necessary to support a service user take their medication, this is to be risk assessed and agreed within a multi-agency framework. There potentially could be a risk that the drug when coming into contact with other substances could alter its effectiveness.

Staff are to adopt good practice by discussing a service user's health requirements during shift planning stage, with a special note being made of any medication that is required outside of the normal 7.30 to 8.30 a.m. or 7.30pm to 8.30pm. administration times. As well as any medication that will be required to be administered via a gastronomy tube. It should be identified during the shift planning as to which member of staff will administer which young person's medication, ideally the shift leader should administer all medication, although this is not either always possible or appropriate. However, the shift leader continues to have overall responsibility to ensure that medication is administered correctly. Any changes with regards to the staff member designated for administering medication should be amended on the shift planning form.

When designated staff are in receipt of medication, checking or supporting a service user take their medication this should be done with no distractions. Other staff not directly involved in this process are to ensure that the right environment and support is given at this time.

- ❖ Note: Designated staff are to always handle medication with care, therefore staff are not to leave medication unattended at any time, if staff are unable to administer safely then the medication is to be locked away until such time it is assessed as appropriate. The medication room is to be locked at all times when not in use.

## Recording

Westbrook uses a Medication Administration Recording chart (MAR) to record a service users prescribed, “As required”, “Once Only” medicines such as antibiotics and non-prescribed medicines known as homely remedies.

The MAR chart requires the users name, address, a recent photograph, D.O.B. G.P’s name and telephone number, any known allergies, Medication dose, frequency and route. It also states when the medication commenced and was discontinued.

Each young person who is administered any form of medication must have a Medication Administration Record chart. Each service user has a red medication file stored in the designated medication room. All out of date faxes, letters are to be removed from the red file and archived appropriately to avoid confusion and miss-leading instructions.

**The file is to be sectioned as follows:**

1. MAR chart
2. Receipt of Medicines and Safe Handling Protocol form
3. Current GP faxes
4. GP / Consultant Confirmation letter of all know prescribed and over the counter medicines.
5. Epilepsy management plan (If applicable)
6. Gastro plans including feeds and medication.
7. Gastro recording forms.
8. Medication Risk assessment.
9. Emergency protocols
10. Last completed MAR’s chart.

## Medication Administration Recording

All MAR charts relating to a service users health regime will require some kind of recording action daily whether the service user received a service or not.

The following codes are used as and when required:

**R** = Medication refused by the young person

NBM	= nil by mouth
V	= vomited
NA	= Medication not available
L	= Young Person on leave / absent
O	= omit
A	= Young Person asleep

When medication has been administered successfully and correctly then the person administering the medication initials the relevant box for that medication. If there is a second staff member witnessing / verifying the medication given then this designated staff member is to initial in the box below.

The MAR chart is sectioned in a seven **days/week** block which is defined by weeks. There are twelve weeks. All MAR's charts should either be initialled, coded as something has happened or more commonly coded as **L** = meaning service user did not receive a service on the date recorded. There should be no gaps in the sections up to the current date. Shift leaders are to L all MAR's charts up until the duration of their shift, leaving identified files active which require administration of medication for that young person for their stay.

#### Example:

Prescription (Regular Medicine)			Week 1							Week 2	
			DATE Drugs round Time	01/ 08	02/ 08	03/ 08	04/ 08	05/ 08			08/ 08
Sodium Valproate (200mg / 5mls)			8 a.m.	<b>TW</b>	<b>CS</b>	<b>TW</b>	L	L			
				<i>AJ</i>	<i>KL</i>	<i>AJ</i>					
Dose and Frequency 10 mls x twice a day											
Route Oral											
			8 p.m.	<b>CS</b>	<b>TW</b>	L	L	L			
Signature <b>John Smith</b>	Date Started <b>01.8.12</b>	Ended		<i>KL</i>	<i>MN</i>						

The Person who administered the drugs (in bold) signs above

*The person who checked / verifies the drugs (in Italics) signs below*

- ❖ **Note:** If a service user arrives with a new prescribed medication, or if the dosage or strength has altered from what has been recorded on the MAR card then a new section detailing the new instructions is to be completed. Staff are to make reference to the new instructions by drawing a line through the previous instructions and record that it has been **discontinued** the **date** and to **refer to new instructions** if applicable.
- ❖ When completing a new section staff are to draw lines through the weeks until you are at the current week succinct to the other medication. This is where designated staff start to record from. (*Not at week 1 if subsequent medication is at week 5 for example*)

Medication that is not given as part of a regular daily routine is to be completed at the specified section which is at the front of the MAR chart. Equally, one-off medication such as antibiotics are to be recorded in the designated section and not be added to the regular daily health regime.

All newly completed MAR charts are to be verified by a member of the senior management team. If this is not possible then a member of staff that has been assessed as competent is to sign off the card verifying that the details are correct and clearly recorded. If a young person's health regime is complex and requires more than one MAR's card staff are to number the cards in the following format:

**1 of 3**

**2 of 3**

**3 of 3**

When recording the name, dosage and strength of the medication staff are to record on the MAR chart in the following format:

<i>Name &amp; Strength</i>	<i>Dose to be given</i>	<i>What this looks like</i>
<b>Risperidal 0.5mg</b>	<b>One tablet twice daily</b>	<b>One x 0.5mg at 8am One x 0.5mg at 8pm</b>
<b>Sodium Valproate 200mg</b>	<b>10 mls twice daily</b>	<b>10 mls to be given 8am &amp; 8pm.</b>

Staff will receive full training on the completion of a MAR chart as well as shadowing staff until they are able to understand and apply best practice. This will be tested before it is assessed that a staff member is competent in this area. The unit manager will keep a copy of each designated staff members signature and initials for the purpose of being identifiable.

**Printed labels** – To ensure that the instructions on the MAR charts are legible, specific and clear, printed labels **can** be used and applied to the section on the MAR chart. It is vital that staff do not get complacent and assume that the printed labels are correct and up to date. Designated staff are to follow the same protocol when checking all instructions to medication ensuring that details all cross reference in order to reach the conclusion that it is current and up to date. Printed labels still need to be checked and verified by a member of the senior management team. Key workers are to ensure that a folder containing template labels are accessible on the IT system. Unit manager is to ensure that this process is audited via the regulation 44 monitoring system.

If staff make a recording error on the MAR chart it is good practice to put a line through the mistake, date and sign as well as make reference to this error if it would be useful on the MAR chart.

Staff are **not** to alter a dose on the existing instructions, if there is a change to the dosage or strength of medication a new section is to be completed on the MAR's chart. Staff are to ensure that new instructions are followed by drawing a line through the old instructions, writing that this has been *discontinued* and *date*. Make reference to new instructions if this has occurred.

When a service user returns home after a stay at Westbrook, all medication is returned. All medication is to be handed to an appropriate adult. It is not to be placed in the young person's bag. No medication is retained in the unit. Staff are to complete the Receipt of Medicines and Safe Handling form to record who handed over and to whom medication was handed to.

Refer to the Medication Policy in relation to recommendations of the usage of a Monitoring Dosage System (Section 11). The unit is presently not using such systems; in the event that this

would be a consideration, appropriate risk assessments and consultation with medical practitioners are to take place.

## Controlled Drugs

Key workers when completing a medication risk assessment will be asked to identify if their key child has been prescribed medication that has been categorised as a Controlled Drug (CD). Staff can refer to a “British National Formula” or consult with a health professional to ascertain a CD. As Westbrook is not a secure unit where potentially a higher number of users would be prescribed a CD, it is felt that the recording of a CD can be recorded on a MAR chart as long as the following is adhered to:

- Staff are to reference the medication on all recording forms / charts as “CD” and highlight this so it visually stands out.
- The administration of a CD is to be given straight from the bottle / blister pack. A CD is not to be dossetted with other medicines
- Two designated staff are to sign that they have been in receipt of the CD and sign the receipt of medicines recording form and the CD record book.
- Two designated staff are to sign that they have administered the CD on the MAR chart and in the CD record book.
- *The quantity received and return is to be clearly recorded on the Receipt of Medicines Recording form.*

The above management and recording of a Controlled Drug will be monitored by the unit manager. A bound book specific for recording CD is necessary for the type of service which is operated. A bespoke bound CD book has been created for the service and has been authorised as appropriate to use at Westbrook by an external Pharmaceutical service. Staff are to continue to be vigilant in the handling of a CD and adhere to the recording principles described.

## Self-administration

Staff to complete a medication risk assessment, if it is assess that a young person could take responsibility for their own medication then a support plan to aid a young person achieve this is be discussed and agreed within a multi-agency framework, with the young person being fully involved.

When a young person has been identified as being able to understand the importance of taking their prescribed medication and understands the consequences of not doing so, as well as all parties involved in that young person’s care agrees to the plan.

The unit must adhere to the following steps:

- Staff will still complete the Receipt of Medicines form.
- Staff will also hold a MAR chart to record when the service user has self-administered.
- Provide a locked cabinet which is accessible to that young person only. Staff will need to risk assess whether the cabinet is stored in the young person’s bedroom in light that the bedroom is shared with other service users or located in the designated medication room.
- Monitor that the service user is being responsible.

If a young person is unable to take full responsibility for their medication needs whilst staying at the unit then as far as is practicable the young person should have as much control as is deemed appropriate.

## **Non-prescriptive medicines (homely remedies)**

Non-prescriptive medicines is another name for medicines which can be purchased at a community pharmacist. There are also homeopathic and herbal remedies that can be used as alternative treatments.

In these incidences the following needs to take place:

- Seek clarification from the young person's GP by completing a confirmation letter detailing all the non-prescribed medicines and prescribed medication.
- If a young person is not on any prescribed medication staff must still seek clarification prior to administration of non-prescriptive medicines.
- Westbrook is only able to administer if the GP signs that there is no contra indications to the prescribed medication or do not have any adverse reactions to a young person's health.
- Key workers are to establish preferred over the counter medicines to be used for minor complaints such as toothache with a view that this could be administered if the young person seems in discomfort. Clarification from the GP is still required ensuring there are no contra indications to that person's health.
- If any non-prescribed pain relief has been purchased by the unit for the treatment of a specific young person this is to return home with them and not stored at the unit.

## **Discrepancies**

Discrepancies occur when the labelled containers differ from our records on the MAR's charts. An out of date pharmacist label, the label not being legible, or the dosage has been increased or decreased. Staff will detect a discrepancy at the stage where designated staff are completing the Receipt of Medication and Safe Handling Protocol form. It is essential that reasonable and appropriate measures are taken to rectify any discrepancy.

Staff are to take the following measures:

- Contact the parents / carer to clarify the details. If the parent / carer have current up to date containers at home the staff member is to request that this is brought in immediately.
- Contact the young person's G.P. requesting a fax confirming the medication which is required to be administered and clarifying the instructions for administration.
- **Note: The fax, which has been requested from the GP, is an emergency procedure. As such this will only suffice to cover the young person's present stay. Parents should be informed of this, advising the need for them to contact their GP as soon as possible with regard to getting the medication re-labelled with the correct instructions. Failure to do this may result in their young person being denied admission until the correct information is obtained on the pharmacist's label.**
- **When it has become necessary to request a fax from a user's GP to confirm changes to existing medication, staff should ensure that any other existing faxes in the medication file pertaining to the same young person's medication are filed / removed.**

- At no point can medication be administered if the discrepancy cannot be rectified. If staff have been unsuccessful in obtaining a GP or consultants clarification then the young person will not be able to remain at the unit and arrangements for them to return home needs to be actioned.
- If there are any hand written instructions on the label, staff are not able to following these instructions and are still required to seek clarification from that child's GP / Consultant prior to any administration.
- If there are persistent failings to provide legible up to date medication then this needs to be addressed to the family as a separate issue with a view to agree the expectation. Other lead professionals may need to be involved in this process, particularly if there are any safeguarding issues.
- If staff are unable to get hold of the parent / carer or medical practitioner in sufficient time staff are to contact NHS direct No: 0845 4647 and the unit manager for further guidance.
- If staff are only able to obtain verbal instructions from a medical practitioner then a second staff member is to be a witness to those verbal instructions. Staff are also to advise the parent / carer of those verbal instructions for agreement.
- Written confirmation is to be sought as soon as it is feasible to do so.

## **Treatment outside of the home**

A service user's daily medication regime should not restrict or hinder their choice to access community facilities. Designated staff should not use other items to hold medicines in when taking it out of the controlled environment of the home. Key workers are to complete the medication risk assessment to indicate how often this is likely to occur, can alternative times for administration be considered, how will the medication be carried and stored when out in the community by designated staff. By completing the risk assessment will give specific protocols for each service user. The protocol is to be placed in the medication file and transferred to the young person's care plan.

- ❖ Note: It may be necessary that lifesaving medication such as Buccal midazolam or epi-pens will need to be carried on a designated staff member for the purpose of administering as and when needed. It maybe that a young person's health is that severe that certain types of medication require to be instantly available. If this is the case, protocols are to be established and agreed. The unit will provide staff with an appropriate design holdall bag to carry and store specific medication in.

## **Disposal of medicines**

Medicines are the property of the service user and are only to be used for that purpose. As the unit is a short break service all medication is to travel with the young person. (Meaning return home)

Medication should be disposed of when:

- The expiry date is reached
- When the course of treatment is complete or discontinued
- Where a dose of medication is taken from the dispensed container, but not taken by the service user.



- When a service user dies. (All medication must be retained for seven days following a death in case they are required for the Coroner's office)

All medication that is disposed of must be recorded on the service users MAR chart by the designated staff member and witnessed by another designated staff member. The records should state the following:

Date of disposal / return to the pharmacist.

- Name of service user
- Name of medicine(s)
- Time
- Strength
- Quantity of medicines
- The form of disposal
- Two signatures

Most medicines are defined as special waste and therefore needs to be discarded appropriately. Staff are therefore to return unused medication to a pharmacist for appropriate disposing. Under no circumstances are medicines to be used by other people other than for whom they were prescribed.

## **Adverse drug reaction reporting**

It is important to note when any young person has been prescribed a new medication and to make note of their side effects. Staff are to be vigilant when observing changes within a young person's normal behaviour, equally staff are to respond appropriately and seek medical attention if their health shows signs of deterioration. Staff are to report any know adverse reactions to any medicines taken by the young person to their GP / Consultant / pharmacist who will submit a yellow card report.

Where drug alerts are specific to know medication, the unit manager is to take appropriate steps to inform any safety measures surrounding that medication.

## **Training**

It is essential that staff receive adequate training and support in order that they feel equipped to handle and administer medication sufficiently and safely. All staff receiving training and support should be assessed as being competent in the tasks surrounding it.

It is recommended that yearly medication awareness training is offered by a community pharmacist and should cover the following areas:

- Medication procedures
- Completing MAR chart correctly
- Look at common medicines used in the unit.
- Understanding strength & Dose.

The unit manager will monitor staff's understanding of the safe handling, recording and administration of medication by asking staff to complete a questionnaire following training. Any

gaps in knowledge may require further training and support; equally staff will not be defined as designated staff if they are not assessed as being competent.

A newly appointed member of staff will receive a process of induction surrounding the procedures and protocols in managing medication. Staff will shadow designated staff in all handling of medication and will not resume overall responsibility until the staff member has reached a level competency, this will be assessed on an individual basis, therefore no timescales will be set.

**Supervisors will regularly check-in and audit medication files at least twice yearly to ascertain that procedures are being followed.** Policy and procedures will aid understanding and ensure consistent processes are adhered to. It is fair to say that procedures and protocols may not cover every eventuality; therefore staff will be expected to make sound assessments of situations with a view in reaching a decision that is always in the best interests of that young person.

Risk assessments and care plans will support staff ability to handle and administer medicines specific to that young person's needs and requirements. Key workers to ensure that staff are fully aware of any need surrounding their health plan by informing staff in weekly staff meetings.

Staff are to be reassured that if an error occurs the management team will lead a discussion to ascertain the reasons behind this. Staff hold responsibility in ensuring that when managing medicines that to the best of their ability they absolutely want to get it right, however, It is recognised that mistakes can occur. The management team will establish what is needed to further support the member of staff in their role and this may mean further training, review unit procedures and protocols or look at alternative tasks surrounding medication.

Staff are to refer to “**Specialist Techniques**” procedure in relation to requirements surrounding invasive procedures.

#### **Appendix - Forms**

- Receipt of Medicines and Safe Handling Protocol Form
- GP confirmation letters – (Prescribed and over the counter)
- Epilepsy Management Plan
- Feeding Plan / Medication regime (Invasive procedures)
- Invasive procedures recording plans
- Medication risk assessment

End