

**HEALTH CARE AND MEDICATION POLICY FOR CHILDREN IN RESIDENTIAL**

**CHILDREN’S PLACEMENT SERVICES**

**Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed by** | **Name** | **Organisation** | **Date** |
| Service Manager Placements Services | Mark Nevill | *WMDC – Children and Young People* | 02/10/2019 |
| Children’s Homes Managers | Sandra WoodheadAndrea Wright | *WMDC – Children and Young People* | 02/10/2019 |
| Medication Working Group | Rebecca CooperDebra EvansMark Nevill Kirstie RobinsonStacey WattamSandra Woodhead | *WMDC – Children and Young People Residential Services* | 07/11/202205/12/2022 |
| Senior Commissioning Manager for Children and Young People | Jo Rooney | Wakefield District Health and Care Partnership | 23/03/23 |

**Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved by** | **Name** | **Organisation** | **Date** |
| Children and Young People’s Services.DMT | Monica Green | *WMDC – Children and Young People* | November 2019 |
|  |  |  |  |

**Document History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Summary of Changes** | **Document Status** | **Date published** |
| **2** | 5.1 Inclusion of purchasing of medication on direction of prescriber.6.10 Clarity relating to right to refusal and capacity.13.2 Response to medication error procedures by management. |  |  |
| **3** | **Section 1 added:*** Philosophy.
* Management of Risk.
* Assessed as competent staff.

**Section 6.4 Administration added:*** Right to Refuse section.

**Section 7 Storage of Medication.*** Amended wording.

**Throughout document:*** Replaced ‘Nurse / Nursing’ with Health.
 |  |  |

**Contents**

|  |  |
| --- | --- |
| **Section** |  **Title** |
| **1** |  **Introduction and Responsibilities** |
| **2** |  **Receipt**2.2 Actions out of hours 2.1 Receipt of medication and booking in |
| **3** |  **Prescribed Medication**3.1 Alterations to a Medication or Dose3.2 Prescription labels3.3 Discontinuing Medications |
| **4** |  **Controlled Drugs**4.1 Controlled Drugs4.2 Controlled Drugs Register |
| **5** |  **Home Remedies / Over the Counter Medication**5.1 Non-Prescribed, Over the Counter Medicines5.2 Storage of over-the-counter medicine5.3 Recording of administration 5.4 Audit |
| **6** |  **Administration of all Medication**6.1 Self Administration6.2 Consent6.3 Medication for Child / Young Person self-administration6.4 Administration6.5 When a Child / Young Person Administers their Own Medication6.6 Additional requirements and considerations6.7 Emergency Situations6.8 When Required Medication6.9 Topical Applications6.10 Covert Administration of Medicines6.11 Outings and Day Trips6.12 Side Effects |
| **7** |  **Storage of Medication**7.1 Storage of Medicines7.2 Keys to medicines cupboard and refrigerators  |
| **8** |  **Stock Checks**8.1 Inventory of Medicines |
| **9** |  **Disposal of Medication / booking out**9.1 Booking out of Medication9.3 Disposal of sharps 9.2 Disposal of Medication  |

|  |  |
| --- | --- |
| **10** |  **Recording**10.1 The Medical Administration Record Sheet (MAR Sheet)10.2 Completion of MAR Sheet10.3 Additional Information regarding MAR sheets10.4 Auditing of Medication Procedures10.5 Incidents where consideration must be given to reporting to Regulatory Body / Bodies |
| **11** |  **First Aid** |
| **12** |  **Health Care Interventions**12.1 Guidance12.2 Oxygen Concentrators12.4 Insulin12.3 Nebuliser |
| **13** |  **Maladministration of Medications**13.1 Administration of Incorrect Medication, Incidents and Near  Misses13.2 Management Responsibility: -13.3 Non-concordance with Prescribed Medicines  |

**1. Introduction and Responsibilities**

**Introduction**

These procedures have been drawn up to assist Registered Managers, Supervisory Social Workers and Children’s Services Carers in the Children’s Residential Service to carry out aspects of their responsibilities relating to medications in a safe, reliable and efficient way and in keeping with the essential standards of quality and safety laid down by the regulatory bodies (Ofsted and CQC).

They are designed to provide a clear system for the management of medicines, protecting, where appropriate, the rights of service users to self-medicate, maintaining confidentiality and accountability and ensuring safe storage, administration and disposal of medicines.

The key principles in any medication procedure in a Residential Children’s Home should be a safe system of:

* Receipt
* Recording
* Storage
* Handling
* Administration
* Disposal

There must be a clear audit trail.

This policy outlines the approaches to managing medication for children’s homes within the Children and Young People’s Services. It also describes the service’s commitment to enable and safeguard the wellbeing of the child, young person, employees and anyone else that could be affected.

Care must be taken to ensure prescribed medicines are only administered to the individual for whom they are prescribed. Medicines must be administered in line with a medically approved protocol. Records must be administered in line with a medically approved protocol. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused.

Regulation 23 of The Children’s Homes (England) Regulations 2015 requires the registered person to ensure that they make suitable arrangements to manage, administer and dispose of any medication. These are fundamentally the same sorts of arrangements as a good parent would make but are subject to additional safeguards.

Medicines play an important part in helping child / young person to remain independent. It is important that the child / young person takes their medicines and should always be helped to manage their own medication where this is possible and appropriate to retain their independence. This will be done using medication assessments.

Treatment and care should be personalised, based on the individual’s needs and preferences. Child / young persons are all individuals and as such this policy must be applied with regard to the individual’s beliefs, wishes, experience and ability. Employees should be aware of the individual’s cultural background and other factors that impact on their lives and incorporate this into a person-centred approach to care.

As all medicines are potentially harmful it is important that employees who provide care are confident about their role in the management of medication. This policy intends to clarify the range of duties that can be undertaken in relation to medicines by employees. It advises how these duties and tasks can be undertaken safely and in accordance with best practice.

The policy has been reviewed and revised to reflect the general duties of the Children’s and Families Act 2014. This describes the importance of the Education, Health and Care plan, EHC; a legal document that describes a child or young person’s special educational, health and social care needs. It explains the extra help that will be given to meet those needs and how that help will support the child or young person to achieve what they want to in life.

The policy also reflects the NICE, good practice guidelines on ‘Managing Medicines in Care Homes’ (2014), the Royal Pharmaceutical Society’s principles (2007) that underpin safe handling of medicines in social care, Regulation 23 of The Children’s Homes (England) Regulations 2015.

In exceptional circumstances authority to vary or amend these procedures must be sought from the Service Director (Children’s Social Care) and permission obtained in writing for the variation from the Service Director. This authorisation must be attached to the policy and all staff made aware of any agreed amendments.

**Philosophy of the Service**

It is the philosophy of Complex Needs and Short Breaks Services wherever possible, to work closely with parents and carers to provide high quality care in their own family setting and community for disabled children. Our services are based on a social model of disability.

We are committed to providing safe care and the application of risk management which does not undermine a child's rights to inclusion. We acknowledge that including medically vulnerable children and young people into residential care means we must take carefully managed risks in partnership with parents, carers and / or social workers.

The Complex Care and Short Break Services accepts a duty of care to ensure that any risks to the health and wellbeing of a child in placement are assessed and minimised. We work in partnership with parents, carers and social workers, who have a duty to inform the Service of any changes to their child's medication or health.

**The Management of Risk**

The risk assessment approach to safe care is embedded in this policy. All children will have a risk assessment when they are accessing residential. This will initially be completed by the Service with the parents / carer and / or social worker and will be updated and amended at the relevant planning / review meeting. The risk assessment will include any medical and medication needs of the child and how this will be managed. The risk assessment should be updated if the child's needs change.

For children who require health interventions the carer will be trained by a qualified and registered health care professional who will complete a risk assessment as part of the Care Plan.

The purpose of the risk assessment will be to empower as well as to safeguard children accessing residential care.

**Responsibilities**

**Children’s Social Care:**

Children’s Services Carers are not allowed to administer the medication intravenously into the vein.

For Children’s Services Carers to establish if there are any known allergies for individual children.

* Training should be provided to all Children’s Services Carers involved in the administration and control of medication. The main elements of this training should be:
* All Children’s Services Carers to undertake mandatory medication training as part of their role two yearly.
* Any specialised training should be provided where appropriate.
* A record of training provided by the training Department will be held in both the training department and in individual services.
* In the administration of medication at least one member of staff should be trained and assessed as competent.

**General Practitioner and Consultants**

* Diagnoses medical condition and decides upon treatment options, including medication treatments.
* Prescribes and authorises medication giving clear and specific instructions.
* Monitors response to treatment method(s) and reviews options.
* The Children’s Services Carer should refer questions about medication/drugs, in the first instance, to the Consultant/ GP or Nurse Specialist.
* A GP may identify medication which should be purchased rather than prescribed.

**Community Nurse**

* Give advice and guidance where required.

**Pharmacist**

* Dispenses medication for an individual in accordance with a prescriber’s prescription.
* Provides pharmaceutical advice.
* The Children’s Services Carer can request further advice about medication from the Pharmacist.

**Registered Manager**

* Ensure the operation on a day-to-day basis of the system for administration of medication.
* Ensure they are aware of, and trained in, procedures, policies and the administration of medication.
* Delegate tasks related to the administration of medication to trained Support Carers, supervising where appropriate.
* Ensure systems for the safe custody and disposal of medication operate correctly and that routine audits are carried out and recorded

**Residential / Short Break Workers**

* Follow safe handling and record-keeping procedures for medication in accordance with the system in operation in the Home when appropriately trained.
* Fulfil the function of a professional care worker as specified in their job description.

**Parents (wherever possible / appropriate; See Consent section 6.2)**

* Sign consent for medication administration prior to placement.
* Notify residential workers of all changes to medication regime.
* Parents / carers must complete the service specific form listing ALL medication currently being taken by the child or young person to include the dose and time medication is to be given. This form must be signed, dated, and sent in with the current medication at every stay.

**Medication Identity Record**

The following information needs to be completed on the Service Users Medication Care Plan Medication Identity Record see **Appendix 1**.

Photograph of the service user. (Consent is required to take the service users photograph as per service users Identification Policy).

Name of the service user and the name by which they wish to be called, date of birth and home address.

GP name and telephone number.

Any known allergies/intolerances / adverse drug reactions.

The supporting role that the Children’s Services staff undertake when administering medication for each child / young person.

Circumstances when PRN medication is to be considered, including any signs/symptoms.

**Patient Information Leaflets**

The Patient Information Leaflets are supplied with medication and provide information on the therapeutic use, its normal dose, side effects, precautions and contra-indications. These leaflets can be accessed via the internet if required. All Children’s Services must have access to both children’s and adult B.N.F (British National Formulary) for reference. The BNF should be no older than two years from the date of publication.

**2. Receipt**

**2.1 Receipt of medication and booking in**

When the child/young person arrives with their medication it is the staff responsibility to book their medication in and store it appropriately in a secure place:

Check the medication label for the name of the young person.

Check that the name of the drug, the strength, the dose, the expiry date and time for administration corresponds with the unit specific medication form and the Medical Administration Record sheet (MAR sheet).

In the medication log book write the date, young person’s name, the medication name and strength then count the number of tablets or measure the amount of liquid in the bottle (use a ruler or weigh), then enter the amount in the medication log book and initial or sign.

**2.2 Actions out of hours**

Where the service encounters a supply problem out of hours, staff from Children’s Residential Services will in the first instance contact parents/carers to enquire if they have any further supplies of medication. It is the responsibility of parents/carers to obtain a new supply of medication.

If parents cannot be contacted staff can contact NHS Direct (111) for out of hours G.P service or attend the local walk-in centre.

The exception to this would be for Looked After Children who are in full time residential care where it would be the responsibility of the Children’s Services staff to obtain a new supply of medication. This would be done as above by contacting NHS Direct (111) for out of hours G.P services or attend the local walk-in centre.

**3. Prescribed Medication**

**3.1 Alterations to a Medication or Dose**

If the Consultant decides to alter the current dose of a prescribed medication the Consultant must confirm this. This can be done by email, fax or letter. The Epilepsy Nurse Specialist, working with the Consultant or a nurse from the Community Nursing Team, who has discussed and confirmed this with the Consultant/prescriber can also confirm by email, fax or letter the changes made.

The MAR sheet will need to be updated and the information recorded in the child/young person’s notes.

**3.2 Prescription labels**

All prescribed medication must have a prescription label printed by the pharmacist. In the case of medication cassettes, a new label must be affixed to each supply.

If the label becomes detached from a container, or is illegible, parents/carers should be contacted and confirmation and clarification of the information on the pharmacy label must be obtained. This can be cross referenced with recorded information from the child/young person’s last stay. Parents/carers should be informed to obtain a new label from the dispensing pharmacy before the next visit.

Cautionary and advisory labels for dispensed medicines provide additional information any such information will be followed by Children’s Services staff. A guide to these labels is published in the BNF. Pharmacists include this information on labels for dispensed medicines, where appropriate.

**3.3 Discontinuing Medications**

If a decision is made to discontinue a currently prescribed medication it must be clearly recorded that the medication has been discontinued on the MAR sheet. The entry must be signed and dated.

**4. Controlled Drugs**

**4.1 Controlled Drugs**

Controlled drugs must be stored in a lockable metal cupboard which complies with the Misuse of Drug (safe custody) Regulations 1973. The metal cupboard should be bolted to an internal wall in the medication room.

In respect of the use of controlled drugs the following requirements must be adhered to:

The administration of controlled drugs must be witnessed and countersigned.

The balance must correspond with the controlled drug register. Any discrepancies must be reported to the Registered Manager who will inform the Service Manager. An incident report must be completed. A notification form must be completed and sent to Ofsted /CQC.

The Manager must carry out a monthly audit of the controlled drug register.

**4.2 Controlled Drugs Register**

Records for Schedule 2 Controlled Drugs must be kept in a controlled drugs register. The register must be bound, not loose-leaved.

Each child/young person must have a separate page for each form or strength of an individual drug.

This information should be clearly documented at the top of each individual page.

All entries should be in ink.

All controlled drugs on arrival in the unit should be immediately booked in including the completion of the controlled drug register. This should include the amount, the date and must have two signatures within the appropriate part of the register and then placed in the designated storage area.

When a controlled drug is administered the MAR sheet must also be completed alongside the controlled drug register. When administering any controlled drug, the time, dose, and child / young person’s name should be entered in the register before administration. Once the child has taken their medication both people involved in the administration should sign both the register and the MAR sheet. Medication should then be re-counted and the running total entered into the controlled drug register.

**5. Home Remedies / Over the Counter Medication**

**5.1 Non – Prescribed, Over the Counter Medicines**

Where staff are involved in the administration of medication, non-prescribed over the counter medication will only be given with prior agreement between the Registered Manager, key workers and parent/person with parental responsibility or carer.

Discussion with parents/carers must be documented in the child/young person`s notes. A consent form will be signed by parents/carer and reviewed annually – see Appendix 2.

The over-the-counter policy will cover medication which can be purchased over the counter from a reliable source. These medications will be used to relieve symptoms of / treat common conditions, for example, headache, earache, toothache, period pains, flu like symptoms, cold including sore throat, sore mouth, cold sores and pyrexia above 37°c, hay fever and allergic reactions, head lice, minor eye conditions, mild constipation, sore inflamed areas of skin (nappy rash) and sun burn (to include the application of sun screen) and insect bites and stings. Treatment for verruca’s, warts and athletes’ foot to be included.

All over the counter treatments as covered above can be initiated and or continued by Children’s Services staff when the child / young person is residing within Children’s Residential Services – see Appendix 3.

Parents/carers to including over the counter medication on the medication form sent in with the child/ young person.

Over the counter medication to be booked in as per policy for regular medication.

Children’s Services staff to transcribe information re medication on to the MAR sheet.

Dosage and administration - staff to follow manufacturers instruction unless the pharmacist has advised otherwise.

Staff must read any information that is supplied with the medicine or remedy and ensure that the medicine is within the sell-by/use-by date, and far as is possible, that the medicine is safe for the child/young person to take.

If symptoms persist and staff are concerned about the child / young person’s wellbeing, they must seek medical advice and follow and record the advice given in the child’s notes.

Symptom relief medication purchased over the counter can only be given for a period of 48 hours. If symptoms persist staff should inform parents and seek medical advice.

The local pharmacist should be approached for advice by staff when purchasing over the counter medicines if guidance is required. It is best practice for the child / young person to accompany staff to see the pharmacist in these circumstances

**5.2 Storage of over-the-counter medicine**

Over the counter medications should be stored securely in a lockable cupboard of solid construction away from other medication. This will become a stock medication cupboard; stock will be kept to a minimum and a stock check should be carried out monthly.

**5.3 Recording of administration**

The MAR sheet for “as and when required” should be completed and the stock balance sheet completed when over the counter medication is administered.

**5.4 Audit**

A monthly audit of ‘over the counter’ medication, to include expiry date, documentation and use of medication, to be completed.

**6. Administration of All Medication**

**6.1 Self Administration**

A risk assessment with the child or young person/their parents or the person with parental responsibility regarding their ability to self-administer their medication must be undertaken before self-administration of medication can be considered. This process must ensure that the child / young person / parent understands that medicines must be kept safely and the facilities are available for them to comply with this.

Risk assessments should consider potential risks, such as overdose, either deliberate or accidental. Risks of not taking prescribed medication because of capacity of memory, cognitive aspects of need, disability or sensory impairment should also be considered. Other risks include medication being mislaid or stolen.

The risk assessment outcome of self-administration must be recorded and reviewed at least six monthly. A risk assessment must be completed, signed and retained on the service user’s file.

**6.2 Consent**

Consenting to Medical Treatment for Children Looked After:

* Where a child is being provided with accommodation by a local authority based on a voluntary agreement, the parent(s) (if they have parental responsibility) retains full parental responsibility for consenting to medical treatment, except as outlined in section 3 below, and is/are expected to contribute fully to the health care planning for the child.
* Where a child is subject to a statutory care order, the local authority has parental responsibility for the child but must seek to maximise the involvement of the parents of such children in the health care plans for the child, unless this is incompatible with the child's welfare.
* The level of consent delegated to the children’s homes should be clearly understood by the carers themselves, other Departmental staff, parents and children.
* Where the children’s home is unclear regarding their ability to give consent, the advice of the child's social worker should be sought immediately or the out of hours duty team.

The Consent of the Child:

* Children of sixteen and over with capacity give their own consent to medical treatment. Children under sixteen may also be able to give or refuse consent depending on their capacity to understand the nature of the treatment; it is for a health professional, parents and social care professionals to decide whether the child can give informed consent.
* Children who are judged able to give informed consent cannot be medically examined or treated without their consent.
* Issues of consent are complex. Some children's disabilities are such that they are unable to give consent. Some children may dislike procedures which are necessary for their health and well-being and may actively resist these. In such cases a specific health plan for the child should be made following interagency discussion and planning. It is the responsibility of the social worker to co-ordinate this planning. A copy of the Child Health Plan should be given to the children’s homes, a copy kept on the child's file, and a copy on the foster carer's file.
* Routine Medical and Dental Treatment
* Consent for all routine medical treatment (defined as "all necessary and appropriate personal medical services of the type usually provided by general medical practitioners") and dental treatment including that requiring local anaesthetic, may be given by the direct care giver unless the child is subject to an Order wherein the Court has made specific directions - see Section 5 below.
* Where the treatment requires relative analgesia (gas and air), intravenous, oral or intranasal sedation the social worker must follow the procedure below for consent for operations and treatment requiring general anaesthetic.
* Routine medical treatment includes immunisations where, in the opinion of the responsible doctor, the direct care giver has sufficient knowledge of the child's background to give consent.

Consent for Operations and Treatment Requiring General Anaesthetic:

* Where a child is being accommodated as the result of an agreement, the child’s parent(s) must give the consent.
* Where a child is subject to a statutory order which confers parental responsibility on the local authority, the consent and approval of the child's parent(s) should be sought and obtained wherever possible.
* If this is not readily available or if there are practical and immediate problems in obtaining it, the child's social worker must escalate the situation to a Service Manager without delay.
* The social worker must take all reasonable steps to obtain the consent and approval of the parent(s) but where the social worker is satisfied that consent is being unreasonably withheld or cannot be readily obtained, s/he must escalate the situation to the Service Manager without delay.
* Where a situation requiring consent to treatment occurs outside office hours, the Emergency Duty Team should contact the Service Manager without delay. The circumstances must be recorded on the child's file.
* Consent for treatment or operation that is necessary in the interest of the child can only be made by a Team Manager or above. The circumstances must be recorded on the child's file with recorded approval.
* Where there is concern about the health of the child medical advice or attention should be sought promptly through NHS (by calling 111) or the GP. Advice given should be recorded in the foster carer's log sheets.
* In emergency situations the children’s home should take the child to the nearest accident and emergency department or phone an ambulance. If a child needs to go to a particular hospital this will be detailed on the Essential Information Record Part 1. The Placement Plan Part 1 Placement Agreement gives details of consent and should be taken with the child to the hospital.
* Some minor conditions may be resolved with a home remedy. Advice can be given by NHS (by calling 111) or the GP.

**6.3 Medication for Child / Young Person self-administration**

Following a comprehensive assessment where the outcome of this indicates the child / young person can self-medicate, the Children’s Services carer should support the child / young person to do this, monitor and record accordingly.

**6.4 Administration**

Two people to be involved in the administration and checking of medication at all times. At least one member of staff should be fully trained and assessed as competent. Children/young people should not be in the clinic room/designated area for preparation and administration of medication at any time when staff are dealing with medication.

The six “R”’s must always be followed:

**6**.

**R**ight

refuse

**5**.

**R**ight

route

**3.**

**R**ight

dose

**4.**

**R**ight

time

**2.**

**R**ight

medicine

 Medicine

**1.**

**R**ight

person

Right child / young person:

* Check the medication belongs to that specific child / young person.

Right Medicine:

* Check that the medication label corresponds with the information provided on the MAR Sheet. (Should the printed label become illegible or detached from the container the medication must not be given until clarification of the dose and name of the medication has been sought. (Advice can be sought from the pharmacist).

Right Dose:

* Check that the dose on the medication container corresponds with the dose recorded on the MAR sheet.

Right Time:

* Check that the details of frequency of medication recorded on the medication container corresponds with same frequency on the MAR sheet.

Right Route:

* Check that the route on the medication container corresponds with the route recorded on the MAR sheet.

 Right to refuse:

* If child / young person refuses medication, then the parent/carer should be immediately informed to advise (see Section 6.2).

The expiry date should also be checked to ensure the medication is still within date.

Carry out the above checks for each medication due to be administered at this time. If a discrepancy is found between the MAR sheet and the printed pharmacy label clarification must be sought before administering the medication - this could be from parents / carers, GP or Consultant.

When administering from monitored dosage systems ensure the medication is taken from the correct week and day. It is best practice not to give tablets out of sequence.

When removing medication from its packaging, avoid touching it to minimise the risk of cross infection or absorption through your skin.

Ensure that soluble medication is given in accordance with instructions, e.g., fully dissolved in water.

Check that the name and strength printed on foil packaged medication corresponds with the printed pharmacy label.

It is best practice when measuring out small amounts of liquid medication (under 10mls) to use an oral/enteral syringe to ensure accuracy. If it is more practical to use a spoon for measuring then do so. Should any liquid drip down the bottle it must be cleaned immediately.

Once the medication has been given to the child / young person, offer a drink, then observe to ensure they have swallowed the administered medication.

At no time must a container be left with the child / young person to be taken later. The MAR sheet must only be signed when the person administering the medication is confident (as far as practically possible) that the medication has been taken.

Record if the medicine is refused or not administered and state the reason using the correct code and document in the child / young person’s file

**6.5 When a Child / Young Person Administers their Own Medication**

There may be occasions where a child/young person will request to store and administer their own medication e.g., contraceptive pill, inhalers, creams etc. The child’s social worker and the Registered Children’s Homes Manager must be clear following a comprehensive risk assessment that the individual child can do so safely without risk to self or possible risk to others. The children’s home’s view on the child/young person’s ability to manage their own medication should be ascertained and taken into account. The risk assessment should include the following questions:

* Does the child/young person want to self-administer?
* Has the child/young person been responsible for their medication at home or in previous placements?
* Does the child / young person:
* Recognise the medication (by name or appearance)?
* Know when to take it?
* Have some appreciation of its purpose?
* Understand the implications of not taking the medication?
* Is the child/young person able to understand the information leaflet provided with the medication? Have they read this and/or had it explained to them?
* Does the child/young person understand the need for keeping the medication stored safely?

If the answer to all the above questions is yes, proceed with the self –administration of medication. A copy of the risk assessment should be placed on the child’s/ young person’s file and documented in the child/young person’s case records. The child/young person should sign the risk assessment to confirm that they accept responsibility for their own medication.

The medication must be always stored in the individual young person’s room in a small lockable drawer/cupboard, or a safe place agreed with the Registered Manager.

The medication must be clearly labelled with the young person’s name and the dosage / instructions for use.

The children’s home should instruct the child/young person in the correct dosage and use of the medication.

If the child/young person cannot present his or her own prescriptions at the pharmacy because of disability or because they are a child, this does not mean that he/she will be incapable of exercising control over his or her medication.

A young person who is physically unable to open medicine containers or blister packs may still be able to exercise control over their medication provided that the carer assist the young person in taking his/her medicines.

**6.6 Additional requirements and considerations**

**Aspirin must not be administered to children under the age of 16** Provision must be made for administration of medicines at the times prescribed by the GP, or when the pharmacist advises.

Medicines prescribed for a child / young person are their property and must not, under any circumstances, be given to another child / young person.

It is essential to limit the number of steps in the administration process to reduce any possible drug administration errors.

Anything that has been prescribed must be labelled with clear instructions of when, where and how to administer. When commencing a new supply (bottle) of medication the date of opening must be recorded on the container.

**6.7 Emergency Situations**

Staff involved in the administration of medication should not be interrupted during this process however in the event of a serious medical / behavioural incident it is important to remember to lock the door of the medical room to keep medication safe.

**6.8 When Required Medication**

For ‘when required medication’, ‘as circumstances occur medicines ‘, the reason the medication is prescribed must be completed on the MAR sheet. This is to ensure that the medication is only administered for the signs and symptoms for which it was prescribed. The decision regarding when to administer when required medication must be in consultation with the child/young person’s parents/carer and with due regard to the care plan. Remember not to exceed the maximum dose in ANY 24-HOUR PERIOD when administering the “when required” medication. The 24hrs are counted from the first dose, not by the clock, so moving through midnight does not allow for another dose to be given

**6.9 Topical Applications**

These items must be included on the medication form completed by parents/carers and sent into the service on admission with clear instruction on their application. Creams, ointments, gels and lotions should only be applied in accordance with the prescriber’s directions as detailed on the container. Checks should be made to ensure the correct medicine is being used and those directions and any warnings are understood. The prescription label should always explain how to apply the medicine; if the label says, “apply as directed”, Children’s Services staff must clarify with parents/carers what “as directed” means and the information recorded on the MAR sheet.

Staff will be given training on different routes of administration of medication as required.

**6.10 Covert Administration of Medicines**

It is not best practise to administer medication in a covert way, however if during the assessment parents/carers identify that the child / young person is given their medication in a specific way, for example on food, the service should acknowledge that parents/carers are regarded to know the child/young person the best and that the medication is deemed essential to the child/young person’s health and wellbeing, therefore covert administration is required. The Registered Manager, Social Worker and Parents must agree this. It is best practice to inform the child/young person that their medication is on the spoonful of food. This information must be included within the Placement Plan and accompanied by a risk assessment. This should be reviewed regularly at the Child in Need meetings or Children in Care Review where the social worker, parents /carers, key worker and representatives of other services involved in the child / young person’s care can discuss it and decide what actions are in the best interests of the child / young person.

Crushing of tablets (or opening of capsules unless specified) is not advocated, as it is an unlicensed use of the medication. Alternatives such as liquid / soluble preparation medications may be considered. Where this is not possible, advice should be taken from the prescriber / pharmacist. It is important to note that many children require medicines not specifically licenced for paediatric use, therefore they are prescribed off licence and crushing or dissolving of medication also results in the medication being used off licence (BNF for children). The information on how to give the medication should be documented in the child / young person’s care plan.

**6.11 Outings and Day Trips**

If a child/young person is going on an outing / day trip, their original dispensed medicines must be used. Medicines must not be placed in envelopes, or other types of temporary containers. With parent’s consent staff can administer medication a maximum 30 to 60 minutes before or after the identified time on the MAR sheet to reduce the risks involved in taking medication out of the unit and to enable the child young person to participate in outings.

Any medicines leaving the service for outings must be appropriately recorded out and back in to the service.

**6.12 Side Effects**

All children/young people taking medication should be closely monitored. Any adverse reactions must be reported to the child/young person’s parents/carers and advised to contact the GP/ consultant. If the child /young person’s parents are not available it is the responsibility of the Children’s Services staff to contact the GP, consultant or NHS direct (111) for advice.

**7. Storage of Medication**

**7.1 Storage of Medicines**

A secure area must be available for the storage and assembly of medicines and the completion of records. The temperature of this area should not exceed 25°c. Hand washing facilities must be available and all areas must be cleaned on a regular basis.

Medication must be stored in a lockable medicine cupboard/trolley of solid construction

Medication for each child/young person should be grouped together. This will include any creams/ointment.

When out in the community, medication should be safely secured in a suitable bag and under full supervision of the staff member.

The Service will discuss with the parent / carer where medications are stored as part of their overall support.

No medication should be given after the use by or expiry date on the bottle / packaging. Note some medications will have a shortened use by date once opened, if a staff member is opening a new bottle of such medication, they should note on the label when opened and when the new use by date is.

For Short Break settings medication should be sent with the child by the parent / guardian and returned with the child at the end of the stay.

**7.2 Keys to medicines cupboard and refrigerators**

The keys for the controlled drug cupboard, medicines cupboard, and medicine refrigerator must be kept together on one key ring reserved solely for these keys. The keys must be clearly identified.

They must be kept on the person responsible for administration of medication on that shift

 OR

Keys must be stored securely away from the drugs cupboard when not in use, in a locked cupboard / key safe.

**8. Stock Checks**

**8.1 Inventory of Medicines**

There is a statutory requirement for a system of recording medicines in all Children’s Services Children’s Homes. Detailed records of current medication must be kept for all service users on the MAR, including those who are self-administering

Details of all prescribed / over the counter medicines brought into the Home, from whatever source, must be recorded. The MAR sheet must be completed.

**9. Disposal of Medication / Booking out**

**9.1 Booking out of Medication**

Check the medication label for the name of the young person.

Count the number of tablets or measure the amount of liquid, then enter the amount in the medication log book against the young person’s name, date, and sign or initial.

**9.2 Disposal of Medication**

Within a Short Break setting it is preferable that parents take responsibility for disposing of medication; this should be booked out as usual and sent home with the child/young person and parents advised that the medication needs disposing of.

However, where this is not a suitable option the medication should be booked out as usual and taken to the pharmacy for disposal and a receipt obtained. This can then be stapled into the medication booking in file.

**9.3 Disposal of sharps**

A sharps box must be provided for the disposal of sharps. The correct procedure for disposal of sharps to be followed. See Infection Control Policy.

**10. Recording**

**10.1 The MAR Sheet**

The Medication Administration Record must correspond for audit purposes.

The following information must be entered on the child/young person’s MAR sheet:

* The Service User’s name
* Date of birth
* Details of any known allergies/intolerances, adverse drug reactions – (penicillin, aspirin, nuts, shell fish, latex etc.).
* Any information provided by the pharmacist on foods, which may interact with the prescribed medicine.

**10.2 Completion of MAR Sheet**

The MAR sheet must be completed in black ink for every child / young person.

ALLERGIES: This section must always be completed in red ink. If the child / young person has no known allergies this must also be recorded.

DATE OF BIRTH and NAME of the child/young person must be recorded.

“DRUG – Medication Strengths, Cautions”: the name of the medication (e.g., OMEPRAZOLE) and its strength (e.g., 20mg Capsule) must be recorded as it appears on the pharmacy label.

The caution must also be recorded in this section (e.g., Do not chew or crush the capsules. They should be swallowed whole with water. Do not take indigestion remedies at the same time of day as this medicine).

DOSE: the amount and frequency of administration of the medication (e.g., ONE capsule to be taken every morning) must be recorded.

All medication/medicine details, name, strength, dosage, route, time and frequency. The date recorded and the start date must be completed by the person booking in the medication. If this is handwritten, all details as listed above must be recorded and must be signed.

**10.3 Additional Information regarding MAR sheets**

If the MAR sheet is handwritten, all details as listed above must be recorded and kept.

The medicines administration record MAR Sheet is the working document which is signed / initialled to record administration of medicines. All records must be available and consulted at the time of administering the medicines.

When children or young people are responsible for their own medicines, the care plan and the MAR sheet must be marked accordingly, and initialled by the child / young person and the Children’s Services Carer who must ensure that the service user is taking their medication as prescribed and that they are storing their medication correctly.

**10.4 Auditing of Medication Procedures**

WEEKLY AUDIT

Each medication on site to be checked for expiry date and amount on site record as a stock check.

MONTHLY AUDIT

Random check of 5 MAR sheets and controlled drug register.

**10.5 Incidents where consideration must be given to reporting to Regulatory Bodies (Ofsted / CQC).**

* The wrong medicine has been administered.
* The wrong dose has been administered.
* Important medication has not been administered over 24 hours.
* Medication has been misappropriated.
* There has been an incident involving Controlled Drugs.
* An incident where following a Health Professional assessment, a service user has a hospital admission as a result of any of the above

STAFF MUST NOTIFY THE REGISTERED MANAGER OF ANY OF THE ABOVE INCIDENTS. THESE WILL BE ACTED UPON IMMEDIATELY.

**11. First Aid**

Fully equipped first aid boxes must be kept in each home and in each vehicle used to carry children. The manager of the home must ensure that suitable arrangements exist for the contents to be checked.

First aid boxes must have a white cross with a green background. The inventory must include the quantity of each item in the box.

Children may administer their own first aid only if they can give first aid themselves and have a suitable first aid certificate or do so under the supervision of a member of staff/foster carer. This will be confirmed in the child's Placement Plan/Placement Information Record.

If children are not deemed to be capable of giving first aid themselves or under supervision, a member of staff/carer must administer it.

Other than for minor injuries, professional medical attention must be sought as soon as possible following the administration of first aid (either take the child to see a medical practitioner or seek advice by telephone), even if the casualty's condition seems to improve.

If a child requires administration of first aid, a record of this should be made in the First Aid Record/Log/Minor Injuries Log.

 If an accident occurs, it must be reported and recorded.

**12. Health Care Interventions**

**12.1 Guidance**

It is agreed that Carers / Residential workers are authorised to administer health care interventions to children in their care following the agreed procedures.

Carers / Residential workers will be given information regarding the health needs of the children they are matched to and specifically, health interventions the child requires.

The following health care interventions required by individual children who are being cared for by a Carer / Residential worker may be carried out by the Carer / Residential worker once they have been shown to be a competent practitioner following appropriate training by a qualified nursing professional and subject to the consent of the parent / guardian of the child:

* Gastrostomy feeding and care
* Nasogastric feeding and care
* Basic stoma care, i.e., replacement and removal
* Administration of Buccal Midazolam
* Administration of Rectal medication
* Administration of oxygen
* Use of nebulisers
* Oral suction
* Administration of medications by the vaginal route
* Administration of medications by syringe drivers
* Administration of medications by injection

(These are hereafter referred to as approved health care interventions).

It is accepted that there will be some children who require nursing care interventions other than those listed above and their omission may run contrary to the Carers / Residential workers philosophy of inclusion. In such circumstances, the health care interventions required by the individual child will be confirmed by a case discussion. An interdisciplinary decision will be made to ensure that the Carers / Residential workers and all agencies involved agree that the health care intervention can be performed by the Carers / Residential workers. The agreement should be subject to the following:

* That it is based on an individual need
* Based on an individual nursing care plan or a multi-disciplinary assessment care plan
* Based on agreement across the relevant professionals and organisations
* That training is given as part of the care plan by qualified nursing professional
* That competency is tested by observation and / or discussion
* That it is limited to that procedure for that child

The placement will obtain a Parental Consent for Health Procedures – see Appendix 4 - prior to the Carer / Residential worker undertaking any health care intervention or placement in respect of the child.

All staff will have the appropriate training for the procedures they are carrying out.

The Parental Consent for Health Procedures will be updated annually.

Any current health care intervention undertaken by a Carer / Residential worker will be discussed at their review and should also be discussed at the childcare review.

It is the parent / guardian’s responsibility to inform the Carer / Residential worker of any changes to the child’s medical needs.

When carrying out any health procedure, consideration should be given to privacy and maintaining the child’s dignity as outlined in the intimate care policy.

**12.2 Oxygen Concentrators**

When oxygen concentrators are supplied, the maintenance and installation must be discussed with the Registered Manager and instructions on use must be discussed with the staff.

The use of oxygen concentrators must be fully documented and situation of the spare cylinder in case of a power cut must be documented.

A risk assessment must be completed.

**12.3 Nebuliser**

The Children’s Services carer will administer medication via a nebuliser only after being specifically trained by a qualified health professional.

**12.4 Insulin**

Children’s Services staff are allowed to carry out the administration of Insulin or testing of blood sugars where specific training has been given.

However, when service users can self-administer, carers can set the dial on an Insulin pen according to the number of units required then give the pen to the child/young person for them to self-administer. Staff to follow correct procedure when disposing of sharps.

**13. Maladministration of Medications**

**13.1 Administration of Incorrect Medication, Incidents and Near Misses**

Errors should not be ignored and a culture that allows Children’s Service’s staff to report incidents without the fear of an unjustifiable level of recrimination should be encouraged. Staff should adopt no blame policies for recording medication errors, which are designed to protect staff, children and the organisation as well as identifying areas where improvements in practice need to be made however, all errors should be fully investigated so that lessons can be learned from the incident and the appropriate remedial actions can be taken. The incident should be reported to the Registered Manager who will then report it to the Operations Manager.

In cases where a mistake has been made, the following steps should be immediately taken by the Children’s Service’s staff who notices the error:

* Consult prescriber, pharmacist, NHS Direct (111), A and E for advice.
* Follow advice and instructions given
* Inform the child or young person, their parents/carer and social worker what has happened.
* Record the incident and how it was dealt with in the child/young person’s record.
* Inform the Registered Manager as soon as possible about the incident.

**13.2 Management Responsibility: -**

Fully investigate the incident and establish any causes for the mistake. This should include:

* Written statements from all staff involved, and the completion of a written reflective piece of work to demonstrate learning has been achieved
* Consider whether any changes in practice within the service are required.
* Consider whether any training issues or need to amend the policy has been identified.
* Inform the relevant Regulatory Body via a Notification (Regulation 40).
* Consider whether any action needs to be taken regarding the members off staff involved.

Children’s Homes Registered Manager will agree plan of action. This will be recorded on supervision notes.

* There must be a proportionate response to medication errors that addresses the issue but it must be considered whether the circumstances warrant disciplinary action being considered and may indicate the involvement of LADO.
* This will include:
* The severity of the impact/harm on the child or young person
* Staff members involvement in previous drug errors.
* Staff members understanding and attitude towards the severity of the situation

**13.3 Non-concordance with Prescribed Medicines (This includes areas such as declining medicines, conscious and reasoned decisions not to accept medicines, not understanding the need for essential medicines)**

It is the child/young person’s right to decline medication. Staff may make efforts to encourage them to take their medication that are reasonable and appropriate. Where there are known issues around declining/taking medication guidance will be documented in the placement plan regarding administration of medication and a risk assessment will be in place.

If the child/young person declined to take their medication the following action must be taken:

* The key letter for “refused” (R) must be recorded in the relevant box on the MAR sheet.
* The refusal and any actions taken to encourage the child/young person to take their medication will be recorded in the child/young person’s record
* Their parents/carers will be informed.
* Medical advice should be sought if staff have any concerns about the effects of missing the dose of medication.
* Parents/carers where appropriate should be advised to contact the prescriber if more than one dose of medication is refused.



**Appendix 1**

**Medication Care Plan and Identity Record**

Service user Photograph

|  |  |
| --- | --- |
| Service user’s Name: |  |
| Wishes to be called: |  |
| Date of birth: |  | ID Number |  |
| GP: |  | Tel: |  |
| Known allergies/Intolerance/adverse drug reactions: |  |
| Home Address |  |
| Circumstances for PRNmedication to be considered/signs/symptoms: |  |
| Current medical history summary: |  |
| Specific action role requiredBy staff when administeringMedication: |  |

**APPENDIX 1**

**APPENDIX 2**

**OVER THE COUNTER MEDICINES FORM**

Residential Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Young Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Treatment For** | **Permission from parent or carer given****Enter Yes or No** |
| High temperature |  |
| Flu like symptoms / sore throat |  |
| Hay fever & allergic reactions |  |
| Pain: headache; earache; toothache; period pains; sore mouth |  |
| Mild constipation |  |
| Head lice |  |
| Mild eye conditions |  |
| Sore bottom / nappy rash |  |
| Sun burn – to include sun screen |  |
| Insect bites and stings |  |
| Athlete’s Foot |  |
| Verruca’s & Warts |  |

I agree that over the counter medication can be administered to my child named above for up to 48 hours to treat the symptoms of the above common conditions. I understand that if there are any concerns, staff will seek medical advice and contact parents/carers.

Name of Parent / person

with parental responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX 3**

**OVER THE COUNTER MEDICATION FLOWCHART**

****



**APPENDIX 4**

**PARENTAL CONSENT FOR HEALTH PROCEDURES**

***Parental consent for “Name of Home” staff to administer medication or carry out a clinical procedure***.

“Name of Home” will not give your child medicine or carry out invasive clinical procedure unless you complete and sign this form, and the Children’s Home Manager has agreed that the worker can do so. All staff will have the appropriate training for the procedures they are carrying out.

**Details of child**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition or illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical procedure**, e.g., tube feeding

Type of procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental consent** (Please indicate above procedure)

I consent to my child’s carer to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other information that the carer should know which is not covered on this form, e.g., how the child communicates, how the child indicates discomfort.