

Fostering

Medication and First Aid

The Trust Board has granted the Chief Executive of the Sandwell Children's Trust the authority to approve this document.

Medication and First Aid

Regulations and Standards

The Fostering Services (England) Regulations 2011:

Regulation 15 - Health of children placed with foster parents

Fostering Services: National Minimum Standards

STANDARD 6 - Promoting good health and wellbeing

Relevant Guidance

Promoting the Health and Well-being of Looked-After Children (Department for Education)

Related Chapter

Delegated Authority Procedure

Note: This chapter does not deal with unforeseen emergencies. In an unforeseen medical emergency, foster carers must seek the advice of a health professional (e.g. by calling a GP or by dialling 999) and follow any instructions given.

Contents

1. Introduction
2. Home Remedies
3. First Aid
4. Medication Administration
5. Medical Emergencies
6. Complex Health Needs
7. Recording

1. Introduction

The fostering agency wants all children to live in an environment that promotes and safeguards their health and wellbeing. Foster carers play a key role in protecting and promoting children's health.

In relation to all medication and first aid, this must be discussed, agreed and recorded in the Placement Plan along with all delegated authority. Consents should be given and recorded.

2. Home Remedies

Home remedies are medicines, suitable for children, which can be bought 'over the counter' without prescription, including Paracetamol.

Foster carers will receive training in relation to the management and administration of medication.

Aspirin

Although aspirin may be purchased 'over the counter', without prescription; it may not be given to children unless prescribed by a medical practitioner.

Other Home Remedies

Other home remedies may only be given to a child with the consent of the parent (which should be recorded in the Placement Plan) and the child (if over 16) or having consulted the child's GP to ensure that no adverse reactions may result.

Home remedies must be kept in a locked cabinet that is only accessible to the foster carers, unless a child is permitted to keep his/her own home remedies, in which case the arrangements for this must be set out in the Placement Plan.

Home remedies, other than Paracetamol, should only be given for a maximum of 48 hours. If the symptoms persist beyond that time the child should see a medical practitioner before further dosages are given. However, if paracetamol is given for 24 hours and the symptoms still persist, the child should see a medical practitioner before further dosages are given.

Where children are deemed not to be capable of administering home remedies themselves, care must be taken to ensure they consume the product as required, in the presence of a foster carer.

3. First Aid

Fully equipped first aid boxes must be kept in each home and in each vehicle used to carry children. The Supervising Social Worker for the foster carers must ensure that suitable arrangements exist to keep first aid boxes equipped.

Children may administer their own first aid or under the supervision of a carer.

If not, a carer must administer it.

Foster carers will attend first aid training including refresher training as required by the fostering agency.

4. Medication Administration

4.1 Administration of medicines

The following steps must be followed when administering medication:

- Check the medication to ensure that it is prescribed for the child in question and it is within the expiry date;
- Ensure that the child's name, the name of the medication, and the dosage instructions are correct, and that the dosage has not already been administered;
- Establish how the medication is to be administered;
- Record each administration of the medicine including the date, time, dosage, balance, the carer's name and signature;
- Record the refusal or non-administration of medicine including the reason why.

4.2 Receipt of Medicines

All medicines brought into the home from whatever source, including discharge medication from hospital, medicines prescribed in an acute situation as well as medicines prescribed on a regular ongoing basis or those brought from another home, should be recorded.

The record should show:

- Date of receipt;
- Name, strength and dosage of medicine;
- Quantity received;
- Expiry date;
- Name of the child for whom medication is prescribed/purchased;
- Signature of the carer receiving the medicines.

4.3 Disposal of Medicines

To provide a full audit trail of medicines, a record is required to identify a removal of the medication from the home. This record should detail the following:

- Date of disposal/return to pharmacy;
- Name and strength of medicine;
- Quantity removed;
- Name of the child for whom the medicine was prescribed/purchased;
- Signature of the carer who arranges disposal of medicine.

5. Medical Emergencies

If a child is at risk or requires first aid/medical attention, carers should apply first-aid procedures if it is safe to do so, and notify their Supervising Social Worker as soon as possible. However, carers must not compromise or delay the process of getting medical help by doing so. If in any doubt, call medical help.

If there is a risk of serious harm or injury, or the carers are unable to manage safely, the Police should be notified.

Foster carers should always assess the situation and in a medical emergency, send for medical help and an ambulance.

Before assistance arrives:

- Do not move the person;
- Try to clarify why the emergency has occurred;
- Collect any drug samples or spillages (e.g. vomit) for medical analysis;
- Do not induce vomiting;
- Keep the person calm, under observation, warm and quiet;
- If the person is unconscious:
 - Ensure that they can breathe and place in the recovery position;
 - Do not move them if a fall is likely to have led to spinal or other serious injury which may not be obvious;
 - Do not give anything by mouth;
 - Do not attempt to make them sit or stand;
 - Do not leave them unattended or in the charge of another child;
- For needle stick (sharps) injuries:
 - Encourage wound to bleed. Do not suck;
 - Wash with soap and water. Dry and apply waterproof dressing;
 - If used/dirty needle, seek advice from doctor.

When medical help arrives, pass on any information available, including vomit and any drug samples.

No further action, beyond making the situation safe and attempting to confiscate harmful drugs or substances, should be taken without authorisation from the Supervising Social Worker or Fostering Agency Manager, preferably in consultation with the relevant child's social worker.

6. Complex Health Needs

Children who have complex health needs may require invasive personal care and this must be discussed, agreed and recorded in their Placement Plan, together with consent and any training requirements for the invasive personal care agreed and the number of carers needed to undertake the task.

An invasive personal care practice is a required act of caring which involves an invasion of the person's body. Examples of invasive care include injections, or the insertion of a tube into an orifice. Although physiotherapy does not fall within this definition, it raises similar issues in terms of the encroachment of a young person's physical space and should be treated in the same way as invasive practices.

There are two types of situation in which foster carers may need to give invasive personal care:

- Routine administration. The young person needs invasive care on a regular basis. Examples: insulin injections, tube feeding, administering medication via gastrostomy;
- Predictable emergencies. It is likely that an emergency will arise at some time, and invasive care may be needed to deal with it. Examples: rectal valium for epilepsy or EpiPen for anaphylactic shock.

7. Recording

First aid and records of all medicines that have been administered will be recorded. If advice is sought from a General Practitioner or Pharmacist, carers should include details of the discussions within the records as confirmation. If an accident occurs, which results in a visit to GP/hospital, it will also need to be recorded.