

**Caudwell House Medication Policy**

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**1.Introduction**

This policy has been complied taking into consideration the following legal requirements;

The Medicines Act 1968 – prescription medication only

Misuse of Drugs Act 1971/1973 – if the medicine is a controlled drug

COSHH Regulations 2002 – risk management

Health and Social Care Act 2008/2010

Data Protection Act, GDPR, Access to Health Records Act

Human Rights Act 1988

Mental Capacity Act 2005

The Royal Pharmaceutical Society Guidelines

Health and Safety at Work Act 1974

Ian McDermott CNT

All staff play an active role in promoting all aspects of child’s health and wellbeing at Caudwell House and part of this is the safe handling, administration, disposal and storage of medication. The responsibility lies with Nottinghamshire County Council to ensure the afore mentioned meets the needs of the children in their care.

Reference to medicines is those that are prescribed and purchased over the counter, namely homely remedies

Caudwell House has three units within the home and this policy will refer to all;

Bramley Residential Unit

Acorns Short Breaks Unit

Oaks Short Breaks Unit

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**2. Storage of Medication**

1.The important factors in the storage of medication are the security, temperature control, any special storage instructions and the need to comply with the law. It is of paramount importance to store medicines correctly as if not they may become available

to others, inactive, less effective or contaminated by harmful microorganisms and be harmful to the children.

2. All medication coming into Caudwell House should be sorted away in a locked Cupboard. There are designated medication cabinets, and these are the only places that medication will be stored. It is not acceptable to store other materials or equipment in the cabinets. They must always be locked and when in use will not be left unattended. The door to the medication room will remain locked unless the room is in use.

3. Keys for the medication cabinets should be kept with the designated person, at Caudwell House this will be the shift-leader. The keys will remain with this person for the duration of the shift

4. Bramley – each child has space within the medication cabinet, and these are clearly marked with the child’s name and a photograph, only medicines for the named child should be stored in this space.

5. Acorns and Oaks – each child will be allocated storage space within the cabinet upon arrival. Medication will be stored within the cabinet which will be clearly marked with the child’s name and photograph for the duration of their stay

6. Temperature control – drugs should be store at the correct temperature and may have to be refrigerated. The label on the packaging will have the correct storage information on it. If stored in a fridge then the temperature should range from 2 degrees centigrade to 8 degrees centigrade. There must be checks made on the temperatures daily for any medication storage area. There will be thermometers in all storage areas.

7. Any medications found to have been stored incorrectly should be reported to the designated person and advise should be sought from the pharmacy.

8. Controlled Drugs should be stored within a cabinet that is mounted to a solid wall. Stock should be kept to a minimum. The designated person will take overall responsibility

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 for the keys for the controlled drugs. At Caudwell House the controlled drugs cabinet is within cabinet 1 on Bramley and both cabinets are fastened to a solid wall.

**3. Movement of Medication**

1. When medication comes into Caudwell House from a child’s home or from the pharmacy there will be a clear audit trail. There also needs to be a clear audit trail when medication leaves and is returned to the building at any time i.e. for trips, to and from school or hospitalisation of a child. This includes controlled drugs.

 2. Bramley – staff to book in on the sheets that reflect medicines have arrived from the pharmacy

3. Acorns and Oaks – staff to book in using the MAR sheet sent in from home

4. Medication taken out of the home for the following; trips, to school or medication taken with a child when hospitalised. Staff should use the appropriate booking out form and ensure this is completed on return, medication booked in

5. Medication taken out of the building that will need to be administered by staff can be drawn up before leaving. It must be taken out in syringes or other tools to administer with the child’s name on it and the name of the drug and dose. Each child must have their own marked carrying case for their medication. Controlled drugs must be taken out in the original packaging and again in a carrying case marked with the child’s name

6. Controlled drugs need to be booked in and out on the general form and the controlled drugs book will always need to reflect the number of drugs in the building.

7. When medicines are booked out of the building a designated person will be responsible for the carrying of any medications safely within an appropriate bag. They should always keep this bag with them. The designated person will be the named carer for the child

8. All medicines will be booked in and out by two trained members of staff

9. When booking medication in and out of the building the following checks should be made against the MAR sheet; Name of child, Name of medication, dose to be administered, when it should be administered and the expiry date. The medication must be in its original packaging

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**4. Administration of Medication**

1. **Two trained members of staff will administer medication, and BOTH WILL check and read information from the MAR sheet and packaging**

2. Before administering it is important that an identity check takes place. At the front of each child’s MAR sheet section there will be there name and a photograph of them, this must always be checked.

3. MAR sheets will hold the following information and checks against the original medication packaging must be carried out;

* Childs name
* Childs date of birth
* Name of prescribed medicine or homely remedy
* Dose to be administered
* Strength of medication
* Frequency or time to be administered
* Route by which it should be administered
* Any special instructions i.e. avoid grapefruit, take after a meal
* Date medication was opened – this will be on the packaging
* Expiry date or shelf life ensuring the date is still live
* Any known allergies
* Pages should be numbered where applicable
* Details of any medications spilled or refused
* When opening new bottle of medication add an opened date label on to it. This also applies to creams

 4. **Administering medication TWO STAFF will check the following from the packaging against the MAR sheet.**

* Childs name
* Name of prescribed medication or homely remedy
* Dose to be administered
* Time or frequency to be administered (to be administered within the hour stated on MAR sheet)
* Route it must be administered
* Expiry date of medication
* Staff will score **/** the MARto show the medication has been drawn up and both will administer, one person being the witness and then the MAR sheet should be signed immediately

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* Equipment used in the administration of medicines should be gathered and checked in preparation for the process. Carry out the following checks;
* It is suitable for the medication you are going to administer
* It is clean
* It is in good working order – no broken seals on syringes
* That the dose if required is clearly marked and can be seen

5.MAR sheets will be complied by one of the admin team in advance. Named persons will be allocated in the unit diary to check the MAR sheets and any additional information will be written on and then passed to admin to type up. The MAR sheets will then be checked when they are put in the folder at the 1st of each month. The MAR sheets that have been prepared in advance will be stored in a separate file in the medication room and not with ones in current use.

5. Hygiene precautions must be considered when administering medication and good housekeeping is part of this. You must consider the following;

* Personal hygiene – wash hands thoroughly before and after administering medication and especially between each child
* Use PPE as required
* Equipment is clean and dry – not contaminated
* Never reuse equipment for other children, each child needs their own supply of tools to administer
* Safely handle and dispose of sharps – sharps bin is located on Acorns
* Medication must be stored in a clean, temperature-controlled environment and in line with manufactures instruction
* Wipe all surfaces and bottles after administration
* Ensure any spills are cleaned away

6. If any errors are made, we will do the following

* Ensure the child is safe and showing no signs of illness
* Report the error to the Duty Manager immediately and investigate the error
* Seek advice from the prescribing Officer or 111
* Support the child to understand an error has been made if appropriate
* Inform Parents/Carers
* Document the error on the MAR sheet
* Complete a Medication Incident Report Form
* Increased checks and supervision of child will be carried out
* Information will be added to the log

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7. Errors will include the following.

* Failing to administer at time expected or at all
* Administering the incorrect medication
* Administering the incorrect dose
* Administering by the wrong route
* Administering the medication in the wrong form

8. In order to reduce the risk of error we will adhere to the six rights of medication administration; **TWO MEMBERS OF STAFF will administer following 4.3**

* Right dose
* Right route
* Right person
* Right medication
* Right time
* Right procedure
* Right records

The consequences of making an error could lead to performance management or even disciplinary action leading to dismissal.

9. Controlled Drugs must be administered in the same way as all other drugs, but we will complete the process as follows.

* Count all the controlled drugs prior to administering, this should be done by two members of staff
* Check the numbers of drugs match the number recorded in the controlled drugs register
* Complete the controlled drugs register on administration and the MAR
* If an error is found, then immediately report to Duty Manager and investigate error
* Duty Manager will carry out a controlled drug check daily and record in management oversight folder

10. Covert administration – this is the deliberate act of hiding/mixing medication in food or drink so that the child is not aware that they are

taking the medicine. This should only be considered if it is in the absolute best interest of the child and all other methods or encouragement have not been successful. There will be a care plan in place for the child and this will be drawn up with parents/carers and a medical

professional, the plan should have specific details on what the medication can be delivered in i.e. yoghurt, drink

12. Refusal to take medication. We will not force or trick a child into taking medication. We will attempt to encourage a child to take medication by using the PACE ethos.

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**5. Spillages and Disposal of Medication**

1. Any medication that requires being disposed of will be taken to Lloyds pharmacy and wherever possible it should be in its original packaging.

2. Record any medications taken back to the pharmacy for disposal on the appropriate form, two staff members to sign

3. A signature must be gained from the person receiving the medication at the pharmacy

4. At no time will medicines requiring disposal be thrown or poured away at Caudwell House

5. Spillages should be recorded on the back of the MAR sheet

6. Any spillages will be cleaned up immediately and materials used for this process disposed of appropriately

7. Controlled drugs can only be returned to the dispensing pharmacy and a signed receipt obtained. This must also be logged in the controlled drugs register

**6. Controlled Drugs**

1. See storage of medication 2.8

2. see movement of medication 3.1 3.6

3. See administration of medication 4.9

4. See medication for disposal 5.7

5. see record keeping and audit 8.1, 8.2, 8.5

6. children taking responsibility for their own medication 12.2

**7. Household / Homely Remedies (general sales list medicines)**

1. Household/ Homely remedies are non-prescription items that can be purchased over the counter. They can be used with consent of parents and for the relief of minor ailments or illness i.e. headaches, coughs, colds. Supervision from a doctor is not required.

2. Each pack must contain instruction on how to use the product and if the instruction is followed it is unlikely that any problems will arise from taking the medication

3. Caudwell House can administer the following homely remedies. Other over counter medications that are not on the list below will require advice and guidance from a doctor or pharmacist before being purchased and administered

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* Paracetamol Liquid
* Paracetamol Tablets
* Ibuprofen Liquid
* Ibuprofen Tablets
* Cough Linctus
* Aqueous Cream
* E45 Cream
* Sudocrem
* Cavilon Cream
* Sun Cream
* Bapanthen Cream
* Bonjela
* Rehydration Sachets
* Acyclovir
* Anthisan
* Olbas Oil
* Vicks Vapour Rub
* Lemsip Cold and Flu Remedy

 4. Ensure expiry dates are checked regular especially if not in regular use

5. Ensure child’s name is on the medication as over the counter medication should be for sole use only

6. MAR sheets should be made up the same as for prescribed medication

7.Record on back of MAR why homely remedies are being administered

8. Homely remedies purchased should be within the child’s age range for whom they are to be administered to

9. Staff to be sure of the presenting symptoms for which the homely remedy is to be given. If there is any doubt, then seek advice from doctor or pharmacist

10. Duty Manager should always be made aware of any homely remedies to be administered

11. Follow instructions on the packaging that advises how long a homely remedy can be used for

12. If a child’s symptoms do not ease then advice from a medical professional will need to be sought within 48 hours

13. In most cases homely remedies are fine to give with prescribed medications but advice should always be sought if a child’s prescribed medication has changed

14. Record on back of MAR why homely remedies are being administered

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15. Check MAR for allergies or other contraindications which may require consideration before the administration of any homely remedy

16. Note vitamins or homeopathic remedies are not classed as homely remedies

17. Homely remedies list and what they can be used for

|  |  |  |
| --- | --- | --- |
| **Name of remedy**  | **To be used for**  | **Other advice**  |
| Paracetamol liquid or tablets  | Pain Temperature Coughs and colds  | If pain or inflammation is severe and cause unknown, not controlled call Doctor, 111 or Pharmacist for advice If temperature persists longer than 2 hours after being administered, then seek medical advice If not taken before seek medical advice before purchasing and administering  |
| Ibuprofen liquid or tablets  | Pain Inflammation | As above if pain or Inflammation persists, is severe or cause unknown If not taken before seek medical advice before purchasing and administering |
| Cough Linctus  | Coughs and colds  | Should only be used if the cough is causing discomfort, do not use to suppress a coughIf cough is chesty then advice should be sought from GP or another medical professional If presenting a temperature of 38.9 or above seek medical advice  |

|  |  |  |
| --- | --- | --- |
| **Name of remedy**  | **To be used for**  | **Other advice**  |
| Aqueous Cream  | Dry skin Chapped skin  | If symptoms persist for more than 7 days speak to a GPOnly use if no other creams available on this list Ensure advice sought if using for first time  |
| Sudocrem Cavilon Bepanthan  | Areas presenting with nappy rash or mild skin irritation  | Use with caution and note that Cavilon would be the preferred choiceSeek medical advice if being used for the first time  |
| Sun Cream  | Factor SPF 50 To protect the skin from burning  | Purchase colour and fragrance free Do not apply to broken skin  |
| Bonjela Gel  | Sore gums Mouth ulcers | Use only if child is 16 years or over Seek medical advice if symptoms worsen or persist  |
| Rehydration Sachets  | During and after stomach upsets to replace fluids and electrolytes  | Must be used within 1 hour of making up Seek medical advice if history of liver of kidney problems  |

|  |  |  |
| --- | --- | --- |
| **Name of remedy**  | **To be used for**  | **Other advice**  |
| Acyclovir | Cold sores  | Child must have been diagnosed with cold sores in the past – if not then medical advice to be sought Do not apply near eyes and not inside the mouth If symptoms persist or worsen then seek medical advice  |
| Anthisan | Insect bites and sting relief  | Do not apply to broken skin If areas affected do not improve within 48 hours seek medical advice  |
| Olbas Oil Vicks Vapour Rub  | Blocked stuffy nose with cold symptoms, causing discomfort and difficulty breathing  | Do not apply to skinPlace on a cloth the bedroom close to the child but not in place where they may grab it and place it upon themselves Seek medical advice if you are concerned about the child in any way  |
| Lemsip Cold and Flu  | Relieves associated aches, pains of flu  | If not improving within 24-48 hours seek medical advice  |

**8. Record Keeping and Audits**

1. It is essential to keep good records and audit trails this includes administration – MAR sheets, booking in and out logs, disposal and ordering of medication and clear records for the use and movement of controlled drugs – controlled drugs register. All logs should be completed and are kept in the medication room on each unit where required. Staff must complete the logs and MAR sheets as required. Recording of controlled drugs handed over from shift to shift must be completed daily, recording sheets can be found in front of medication folder.

2. Audit Process aims and objectives; to ensure that medicines are stored and administered correctly, to ensure that service users receive the correct medication at the correct time and correct dose. Records are maintained on MAR sheets,

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booking in and out logs, ordering logs, disposal of medicines log and the controlled drugs register.

3. Audit will be carried out by the Manager responsible for medication every three months and a report will be completed and added to the audit file. Any issues will be shared with the Registered Homes Manager and other Managers within the Caudwell house

4. Audits will be carried out by Pharmacist from Lloyds Chemist every 6 months. Report will be completed, and any actions required will be completed in a timely manner

5. Pencil should never be used to make entries into any log – black pen is preferable. Never scribble out an entry simply put a single line through an entry made by mistake and then initial, this includes the controlled drugs register where you should write the correct entry in the line below afterwards

**9. Medication supply and ordering**

At Caudwell House we will only order medication for the children who reside here on Bramley Group, the responsibility for the children who access short breaks lies with their parents. In an emergency only would we assume responsibility for medication for the afore mentioned children

 1. Medication stocks will be checked by a designated person on a Monday morning, this will usually be the shift-leader

2. If medicines are required then an order will be placed by telephone or an order sheet taken to the GP surgery

3. Staff will call the pharmacy after 48 hours to check that they have received the prescriptions and they will be asked to deliver the medication.

4. Each child will have a list of medication that has been ordered and this is kept in the ordering file

5. Medications will be booked into the home when they arrive by two members of staff

**10. Personal Health Records and Health Charts**

Each child will have a personal health record and where required will have health charts. The health charts are in place to monitor a range of health needs including bowel movements, weight monitoring, seizure monitoring, water button changes.

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1. Staff are to keep the records up to date daily as these records can provide vital information in an emergency or if needed by other professionals to make decisions based on health

2. Electronic records should also be kept up to date after appointments information should be entered onto the MOSIAC system

**11. Procedure for Reporting and Recording Errors**

1. Medication errors include: failing to administer, giving incorrect medication to a child, under dose or overdose of medication, administering via an incorrect route, administering medication in the wrong form see 4.7, 4.8, 4.9

**12.Children taking responsibility for their own medication**

Any child who is deemed to have capacity to be responsible for their own medication should be allowed to do so with a robust risk assessment in place. All professionals working with the child should be consulted. A document drawn up to say all agree that it will be safe practice to let the child self-administer and take responsibility for their medication

1.The following factors will need to be considered and a meeting held between professionals before agreed

* Does the child understand the need for their medication, why they are taking it?
* Will they know when to take their medication and remember to take it?
* A person can physically take their own medication?
* Does the child understand how to store their medication?
* Does the child understand the risk to others?
* How will staff know that a child has taken their medication?

2. If all section 1 is deemed to be safe and applicable then Caudwell House will supply appropriate and safe storage, this will not include controlled drugs as they will remain in Caudwell Houses safe storage and a child will be supervised whilst they take such medicines

3. This will be reviewed in case management meetings to ensure it is still safe to continue to let the child self-administer

4. Risk assessment must be in place and notes made in a child’s personal health record if they self-administer

**13. Medication Training**

1. Only staff that have been trained will be allowed to administer medication

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2. Training will be sourced by Sharon Knight Deputy Home Manager

3. Training will be attended by all staff and will be delivered in a timely manner

4. All staff will be trained to administer medication but not all will be trained for specific procedures i.e. catheterisation, but there will always be a member of staff on shift to carry out such procedures

5. Staff will be assessed annually to ensure that they are still competent and can continue to administer medication

**14. Access to medical records and consent forms**

1. At Caudwell House we hold health information about the children in our care on Bramley group and the short breaks group. We will share this information with other professionals whilst acting in the best interests of the child, this includes

* Community Health Care Team
* General Practitioner
* Nurses
* Paediatricians
* Physio Therapists
* Occupational Therapists
* Child Adolescents Mental Health Team
* Emergency Services
* 111

2. Permission will be gained via the Caudwell House Health Consent Form, which will be signed by the person with parental control or Social Worker

3. Permission is gained via the consent form to allow trained staff to

* Administer medication
* Administer homely remedies from the general medicines list
* Administer first aid
* Preserve life where a Personal Resuscitation Plan is not available (Jacks Law)

4. All information and records within Caudwell House will be stored within the General Data Protection guidance

**17.First Aid (information from HSE)**

1. At Caudwell House there will be first aid boxes on each group, these will be kept stocked by the person allocated this responsibility. There should be the following items in the first aid box

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* A leaflet with general guidance on basic first aid
* Individually wrapped sterile plasters of varying sizes
* Sterile eye pads
* Individually wrapped triangular bandages
* Safety pins
* Large and medium sized sterile individually wrapped unmedicated wound dressings
* Disposable gloves of varying sizes
1. All staff will have completed first aid training and this training will be applied at anytime when there is a serious illness, injury or emergency whilst waiting for medics to arrive. Incident report will require completion once the needs of the child has been met.
2. First aid will also be applied for minor injuries which can include
* Cuts or grazes/scrapes
* Burns – seek medical advice
* Insect bites or stings
* Splinters
* Nose bleeds
* Sunburn
* Sprains, strains, tears which will require medical advice
* Fractures – stabilise and seek medical advice

**17.Cytotoxic Drugs and the Safe Handling**

1. **Cytotoxic drugs** are hazardous substances, as defined by the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Under COSHH, employers must assess the risks from handling cytotoxic drugs for employees and anyone else affected by this type of work and take suitable precautions to protect them.6 Jan 2021 HSE. There are risks involved in the administration of such drugs

 2. At Caudwell House we will risk assess such drugs for employees administering them

* How they will be administered
* Who will administer
* What PPE will be required
* What action to take if there are spillages
* Disposal of unwanted drugs
1. Reporting incidents - Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 ([RIDDOR](https://www.hse.gov.uk/riddor/)) the accidental release of any substance which may cause a major injury or damage to health is classed as a dangerous

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1. occurrence and should be reported. However, a small spillage of a cytotoxic drug which is well contained and easily dealt with is not reportable. Spillage of a large amount, to which people could have been exposed, is reportable.
2. Staff will receive specific training if the administration of cytotoxic drugs is required
3. Please see individual Risk assessments for any child taking cytotoxic drugs