

Brunswick Place Local Policy  
Reviewed 22.11.2022

## **Brunswick Place**

# **Local Medication Policy**

**References to:**

**Staffordshire County Council HR 109 HR Medication Policy**

**Care Standards Act 2000 Children's Home Regulations 2015**

**Quality Standards 2015**

**Managing Medicines in Care Homes – March 2014**

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**1: Preamble & Policy Statement:**

Brunswick Place recognises that for some children and young people access to appropriate medication is an integral part of their daily living and an aspect of improving their standard of living.

Brunswick Place maintains a responsible attitude to children and young people's medication in the context of advice from medical practitioners and parent carers and the current regulations and Quality Standards.

- The purpose of this Policy is to provide a system for the safe storage and administration of medication to children and young people while receiving short break support from Brunswick Place.
- The legal framework for this Policy is stipulated within the Care Standards Act [2000] (Standard 6, Regulation 21).
- The Children's Homes Regulations 2015 [Part 2, Regulation 23] state that:

*"The registered person must make suitable arrangements for the handling, recording, safekeeping, safe administration, and disposal of medicines received into the children's home. (2) The registered person must ensure, subject to paragraph (3), that— (a) medicines kept in the children's home are stored in a secure place so as to prevent any child accommodated in the home from having unsupervised access to them.*

*(b) medicine which is prescribed for a child is administered as prescribed, to the child for whom it is prescribed, and to no other child; and*

*(c) a record is kept of the administration of medicine to any child."*

## 2) Receipt and Discharge of Medication

- All medication brought into and taken out of the service should be recorded and documented on the Record of Prescribed Medication form or where controlled drugs are received this must also be written in the controlled drugs register.
- Administration and discharge of medication must be undertaken by a permanent member of staff who has attended the Safe Administration of Medication Training.
- All medication coming and going must be double checked and witnessed by another member of staff. Both members of staff are responsible for ensuring the correct procedures are followed.

Children and young people's medication will invariably come into the service either with the parent/carer or social worker. When handing over medication to a school transport escort/parent/carer/social worker you should ensure they check and sign the individual child's medication form (at the back where staff sign for stock control).

- a) On arrival to Brunswick Place, the medications should be handed over to a member of staff (who has undertaken the Safe Administration of Medication training). The individual accepting the medication must check the following
  - The medication has the young person's full name and DOB printed on the front of the packaging
  - The packaging is the original packaging from the pharmacy who dispensed the medication
  - The medication is within date
  - The medication is then placed securely in the locked medication cabinet (*if controlled medication this is secured in the Controlled Medication cabinet*)
- b) The following details must be recorded regarding each item of medication being admitted/discharged:
  - Date being received/discharged
  - The full name of the child/young person for whom the medication is prescribed.
  - Name and strength of the medication.
  - Quantity being received/discharged. Expiry date.
  - Signature of the two staff members signing it in/out.
- c) If medication is sent between Brunswick Place and school during a child/young person's stay then the signing in and out procedure must be followed on every occasion.

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All medication received into the service must be in the container/packaging that it was originally dispensed in. The container/packaging should be labelled with the original, unaltered pharmacy label that clearly states:

- Name of the child/ young person.
  - Name of the medication and its strength.
  - Quantity and volume supplied.
  - Dosage and frequency.
  - Clear directions for administration.
  - Date that the medication was dispensed and its expiry date
  - Contact telephone number of the dispensing pharmacy.
- e) Medication which comes in without a pharmacy label or one that has incorrect information cannot be accepted and the parents/carers should be informed immediately. It will be the Parent/Carer's responsibility to ensure that the correct information is available before medication can be given. This may mean the parent/carer contacting the GP or Out of Hours Service to obtain this.
- f) If parent/carer cannot provide correct pharmacy label and /or information, or are not contactable, advice must be sought from the Manager with regards to whether the placement can take place without the correct medication information being available.
- g) Staff must never make assumptions about children's medication and administer any drug without the relevant and specific information. Information should correlate with the detail on the individual young persons file i.e. Personal Support Plan (PSP) or Care Plan.
- h) If medication is expected and has not arrived with the child/young person or appears to be missing, an initial search should be undertaken. Parent/carers, transport and/or school (or other location child/young person has arrived from) must be contacted to ascertain where the medication might be.
- i) If medication is found to be missing, lost or has not been sent in arrangements must be made to ensure the child/young person has access to a replacement supply. This occurrence should be reported to the Registered Manager or Senior on duty as soon as is practicable and immediately if there is any difficulty in obtaining a replacement supply.
- j) The parent/carer remains responsible for ensuring medication is correctly sent in from home and that there is adequacy of supply. It may be necessary to send a child/young person home if the correct medication is not sent in accurately labelled and in the original container.

### **3) Safe Storage of Medication**

- All medication must be stored in the designated medication areas i.e. the secure medication cabinet in the staff office or the medication fridge. These areas must be kept locked at all times. **Controlled medications are locked in a separate area inside the locked medication cupboard.**
- Some medicines must be stored in a refrigerator because at room temperature they break down or 'go off'. Any medication or preparation requiring refrigeration is to be stored in the medication fridge located in the duty office area. Checks on the fridge temperature are to be conducted on the days young people are residing in the service who have medication requiring refrigeration. This will be logged and recorded in the services daily log book as part of the daily medication audit.
- If a child/young person is going out or away from the centre (e.g. organised outing or appointment) and medication needs to be given whilst they are out, then the medication should be taken out in its original container/packaging and at all times remain secure under the supervision of a permanent member of staff. The signing in and out the medication should be followed.

### **4) Administering Medication**

- Administering of medication must always remain the responsibility one permanent member of staff who has been trained and inducted into the Safe Administration of Medication Policy. Administration of medication should also be witnessed by a second member of staff.
- On each shift a permanent member of staff or the most senior person running the shift will be designated at the shift planning stage to be Medication Administrator and a second member of staff as Verifier/Witness. Both members of staff are accountable for the safe administration of medication and therefore should satisfy themselves that all documentation is correct and correlates with PSP and Care Plan information. (Although this information should have been discussed at handover, staff should revisit in the event they are unsure at any part of the process)
- Medication must only be prepared in the designated areas. This is currently the Duty Office outside of the residential and communal area. This identified area contains a secure medication cabinet.
- The administration of medicine must be carried out on an individual child/young person basis. One young person at a time.
- Requests for a tablet to be crushed/cut in half is subject to medical/pharmacy advice only. This must be sought before doing so. If tablets are to be crushed/cut in half this must be recorded on the child/young person's Medication Administration Sheet and the advice to do so held on their file/PSP.

At the prescribed time the child/young person's medication should be removed from the cabinet and the following steps taken:

1. Check the child/young person's name on the medication administration record chart against the name on the medication package/container.
2. The date – is the prescription valid?
3. Name of medicine, dose and frequency and route of administration.
4. Ensure the dose has not already been administered.
5. Select the required medicine and check the label for medications name, strength, and form and expiry date.
6. Verify that the name of the medication, the dosage, and the time that it is being given is the same on the medication administration record sheet and the packaging.
7. Identify the child/young person using their identification photograph on file.
8. Avoid handling/touching the medication. Medication pots or syringes should be used to give liquid medication and tablets where appropriate. Gloves should be used to apply creams or lotions.
9. Give the prescribed medication as directed to the child/young person in the agreed manner as detailed in the services BMP information. Ensure that both administrator and verifier have double signed that the medication has been given and administered.
10. Make clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the child/young person.

**Note: THE TRANSFER OF MEDICATION FROM ONE CONTAINER TO ANOTHER, EXCEPT FOR DIRECT ADMINISTRATION, IS STRICTLY PROHIBITED.**

At the end of each shift a formal check of all medication should be undertaken by two members of staff one being the senior/shift leader running the shift wherever possible:

- Prescribed or Homely Medication Sheets are to be checked to ensure all medication has been correctly administered, signed for and the numbers tally.
- Any medication administered during the shift will be recorded in the handover sheet for the next shift to be aware of and record that a check has been conducted in accordance with the policy and that staff are satisfied that correct procedures have been followed and all medication has been appropriately administered.

- Any anomalies should be reported accordingly following the procedures in section 4.

## **5) Problems in administering medication and errors**

The following steps should be taken:

- If a child/young person refuses medication then this should be clearly recorded on the medication chart, in the handover sheet and in the child/young person's daily observation records.

*Every encouragement should be given to ensure the medication is taken however a child/young person must not be forced to take medication. If a child/young person refuses medication, medical advice must be sought.*

- If a tablet is dropped or liquid is spilled or spoiled prior to administration, then re-administer using a fresh dose. Note that a second dose has been given on the medication sheet, record in the handover sheet, and in the child/young person's daily observation records.
- When a dose is re-administered from medication sent from home a check must be made that there are sufficient doses for the remainder of the child/young person's stay. If there are not enough doses to re-administer, then the parents/carers must be contacted to bring in more.
- If a child/young person vomits within 30 minutes of taking their medication medical advice should be sought as it may be appropriate to re-administer the medication.
- Do not re-administer inhalers where they appear not to have worked properly. Some of the medication may have been administered.
- The Manager/Senior on duty must be informed immediately of any instances of a missed dose or error in the medication process and medical advice must be sought. An incident form should be completed by the person involved.
- Any variation to the administering procedure, error, or missed dose etc must be reported immediately to medical staff, parent/carer and Registered Manager, and be recorded on the handover sheet and the child/young person's file.

## **6) Non-prescribed medicines (homely or household remedies)**

- There is a recognised duty of care by care staff to be able to make an appropriate response to symptoms of a minor nature e.g. headache or toothache. *(Wherever possible instructions from parents regarding non prescription medication should include GP advice as to the most appropriate dose).* i.e. Consideration of age, body weight etc in respect of child/adult doses. All parents will be asked prior to a period of short breaks to sign a consent form that they are happy for the service to administer homely remedies to their child/young person.



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- If the parent/carer wishes their son/daughter to be given a non-prescribed medication (e.g. paracetamol suspension for headache), the circumstance and agreed dosage should be recorded, at the time of administration, on the child/young person's medication administration sheet and their short breaks PSP/ Care Plan. In no circumstances can agreed doses exceed the recommended dosage stated for that medication.
- If a child/young person is prescribed or needs a non prescription, an "as required" or "when necessary" or "P.R.N." medication then clearly written instructions from the prescriber and or parent/carer must be recorded on the child/young person's medication administration sheet and details held on the child/young person's file. This must include the reasons for the administration, the time interval between doses, maximum dosage and the time span over which the "when necessary" medication is to be given.
- Note: Many non-prescribed medications contain paracetamol. This must be taken into account before giving further paracetamol to ensure that no more than the prescribed dose is given as paracetamol has a cumulative effect.
- The child/young person's General Practitioner (GP) or Consultant should provide guidance and details of the dose and frequency of the medication and how it should be given. The instructions should be signed and dated. Parents/Carers must take the responsibility of obtaining these details from the GP/Consultant and should provide a further letter from the GP/Consultant if the medication or dose is changed in any way.
- A child /young person can bring non prescribed medication/creams/treatments in with them to the service as agreed with the parent/carer. Each item must be clearly marked with the child/young person's name. Staff must only give the medication following clear instructions on the box. Parental advice re symptoms, when to give etc. may be followed but only if this falls within the directions specified on that medication.
- All such medicines must be treated in the same way as prescription medication, recorded into and out of the unit and a record of any administration kept on the child/young person's medication administration sheet.
- Advice should always be sought from a pharmacist about any potential interactions between the non-prescribed medicine and the child/young person's regular medication.
- If a parent/carer wishes their son/daughter to have a non – prescribed over the counter medication (e.g. paracetamol) it should be sent in labelled for that child/young person only and must not be used for general administration. Instructions must be recorded by the parent/carer on the Home/Centre Medication Sheet.

## **7) Use of Homeopathic or Herbal remedies**

- Homeopathic or Herbal remedies must be treated in the same way as any other medication and recorded as such.

### **8) Administration of medication at night**

- Wherever possible arrangements should be made to avoid the need to disturb children and young people by administering medication during the night.
- Should a child/young person need to have medication administered at night then the same principle of two members of staff, one to administer one to verify applies.
- The same procedures must be followed as per administration of medication during the day.

### **9) Disposal**

- All discontinued, expired or unused medication, creams etc. should be returned to the parent/carer for disposal at the earliest opportunity.
- Where this is not possible or the medication is a non prescription over the counter remedy that has been held at the unit, items for disposal should be returned to the local pharmacy.
- All medication taken for disposal at the local pharmacy should be recorded in the appropriate booklet 'Returned Medication'; signatures need to be obtained from the Pharmacy.

### **10) Training and assessment**

- The Brunswick Place Staff will follow an agreed training and assessment programme, specifically addressing the Safe Administration of Children's Medication. This is detailed in the Medication Training Policy/Guidance
- Training must be provided either by the relevant local health agency or an accredited training agency.
- No member of staff may administer children's medication until they have joined the agreed training programme and successfully completed the initial session.
- As part of the ongoing assessment process Managers and Health & Safety advisors may make spot checks during the administration process and of Medication Files and Records.

Implemented By: Sue Dodd  
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