

The Firs Local Policy
Reviewed 22.11.2022

The Firs

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

Contents:

- 1) Preamble and Policy Statement**
- 2) Receipt and Discharge of Medicines at the Unit**
- 3) Storage**
- 4) Administering Medication**
- 5) Problems Administering Medication & Errors**
- 6) Non-Prescription Medicines -Homely or household remedies**
- 7) Homeopathic or Herbal Remedies**
- 8) Administration of medicines at night**
- 9) Disposal**
- 10) Training & Assessment**

1: Preamble & Policy Statement:

The Firs 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.

The Firs 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 whilst they reside at The Firs.
- 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 home 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 should arrive with them on the first day of placement and handed over by their allocated social worker or previous carers. When handing over medication to a 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).

When in placement, medication will be ordered by staff at The Firs and collected from the nearby pharmacy. The medication will then be signed into the home as per the policy.

- a) On arrival to The Firs, 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 The Firs and school during a child/young person's stay then the signing in and out procedure must be followed on every occasion.

The Firs Local Policy
Reviewed 22.11.2022

d) All medication received into the home 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) Where possible, the young persons current carers should ensure that an adequate amount of medication is handed over prior to the young person moving into The Firs to prevent delays in a repeat prescription being obtained.

f) Medication which comes in without a pharmacy label or one that has incorrect information cannot be accepted and the social worker should be informed immediately. The GP or NHS 111 should be contacted to obtain a new prescription for the young person.

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. Care and Support Plan or Individual Support 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.

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 staff office.
- If a child/young person is going out or away from the home (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 always 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 Care and Support Plan. (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 Office 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.

The Firs Local Policy
Reviewed 22.11.2022

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. 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. A medication error form should be completed and sent to the Registered Manager for investigation and sign off.
- 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 medication error form should be completed and sent to the Registered Manager for investigation and sign off.
- 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. Each young person should have a letter from their GP giving consent for homely remedies to be given in the home. Consideration should be given to age, body weight etc in respect of child/adult doses. Consent for administration of medication should be provided in the Delegated Authority document.
- 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.

The Firs Local Policy
Reviewed 22.11.2022

- 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.
- All such medicines must be treated in the same way as prescription medication, recorded into and out of the home 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.

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 pharmacy for disposal at the earliest opportunity.
- 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 Firs 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

The Firs Local Policy
Reviewed 22.11.2022

- 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: Natalie Harvey
Date: November 2022