



## Disability Resource Centres

# Local Medication Policy



References to:

Staffordshire County Council HR 109 HR Medication Policy  
CYPF – Medication Guidance

Care Standards Act 2000 Children's Home Regulations 2015

Quality Standards 2015

Managing Medicines in Care Homes – March 2014

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## Preamble & Policy Statement:

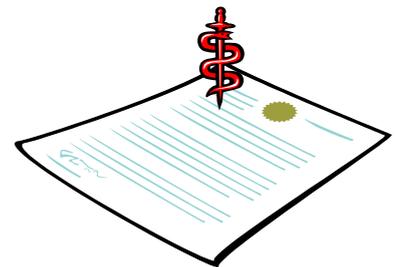
The Disability Resource Centres recognise that for some children and young people access to appropriate medication is an integral part of their daily living and an aspect of minimising their disability.

The Resource Centres 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 the Disability Resource Centres.
- 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) In particular 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.***

- The policy and procedures aim to uphold the principles of the social model of disability and inclusion, in order that children & young people can continue to access services appropriate to their overall need.



## **1) Receipt and Discharge of Medication**

All medication brought into and taken out of the centre should be recorded and documented in the assigned Receipt of Medication Form or where controlled drugs are stored this must also be written in the controlled drugs register.

This must be undertaken by the member of staff in charge of the shift who has attended the Safe Administration of Medication Training and fulfilled the local medication policy competence test. **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 centre either with the parent/carer via the transport escort or in bags from school. **When handing over medication to a school transport escort/parent/carer you should ensure they check and sign the individual child's medication form (at the back where staff sign for stock control).**

The 'school communication book' should be read on their arrival to ascertain if any medication has been given at school and if there are any particular instructions.

- a) The medication should be removed from the bag and locked in the designated medication cabinet. There are three cabinets, for young people sleeping on the first floor this currently in the Duty Office and for young residing in the downstairs bedrooms a cabinet for individual medication is located in each bedroom. (See Section 2a)
- b) The following details must be recorded regarding each item of medication being admitted/discharged:
  - o **Date being received/discharged**
  - o **The name of the child/young person for whom the medication is prescribed.**
  - o **Name and strength of the medication.**
  - o **Quantity being received/discharged. Expiry date / prescribed date.**
  - o **Signature of the staff members signing it in/out. (two members of staff)**
- c) Medication in tablet form should be counted in at the start and out at the end of the child/young person's stay.
- d) If medication is sent between the Disability Resource Centres and school during a child/young person's stay then the signing in and out procedure must be followed with the transport escort.

All medication received by 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:

- o Name of the child/ young person.**
- o Name of the medication and its strength.**
- o Quantity and volume supplied.**
- o Dosage and frequency.**
- o Clear directions for administration.**
- o Date that the medication was dispensed and its expiry date**
- o 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 on duty or on call and appropriate medical advice should be sought.
- 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. Passport, risk assessment, HSF30,38 and or health care plan. The HSF30/38 should be located in the medication file with the MAR sheet for reference at all times.
- 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 centre manager 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.

## 2) Safe Storage

- a) 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 always be kept locked. Controlled medication such as Ritalin is locked in a separate area inside the locked medication cupboard.
- b) 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 are to be conducted on the days when young people are residing in the centre, for example at weekends a check is to be completed on the Friday at 2pm further checks am and pm are to be completed until the young people are discharged home on Monday morning.

Monitoring is to be initiated accordingly in line with young people residing overnight within the centre. The Shift Leader or nominated senior person for running of the shift is responsible for ensuring appropriate daily checks are conducted.

- c) Safe keeping of the keys to medication areas is the responsibility of the senior resource worker or designated person running the shift.
- d) 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 procedure should be followed.



## 3) Administering Medication

- a) Administering of medication must always remain the responsibility of permanent members of staff who have been trained and inducted into the Safe Administration of Medication Policy.
- b) On each shift a permanent member of staff (the senior running 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 **passport and health care plan information and HSF30/38 prior to administration**. (This information should have been consulted appropriately at handover staff should revisit in the event they are unsure at any part of the process)
- c) These staff members are to be relieved of all other care/tasks whilst undertaking the medication duties.

- d) Medication must only be prepared in the designated areas. This is currently the Duty Office or bedroom area outside of the residential and communal area. These identified areas contain a secure medication cabinet.
- e) The administration of medicine must be carried out on an individual child/young person basis.
- f) Where it is necessary to cut tablets in half, and only one half is administered, the remaining half should be retained in the original container/packaging and administered on the next opportunity when a tablet is needed or returned home/school with the child/young person. Guidance from the GP should be provided prior to any medication being altered.
- g) Requests for a tablet to be crushed must be subject to medical/pharmacy advice. This must be sought before doing so. If tablets are to be crushed this must be recorded on the child/young person's MAR (medication administration record sheet) and the advice to do so held on their file and passport profile/risk assessment/HSF38.
- h) Children and young people who are prescribed Buccal Midazolam or Insulin Medications requires staff to be trained by a nurse in their exact procedure of medication and dosage. This is because it is a medication for epilepsy and diabetes and each child's conditions are different. The medication protocol detailing administration for Buccal Midazolam/insulin for a child is kept in the medication file alongside the young persons MAR sheet for quick and easy access. This is a medical care plan written by their consultant or GP. Consideration will be made with regards to trained staff members when planning for these children to attend the centre.
- i) 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 (MAR) 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 MAR (medication administration record sheet) and the packaging.
  - 7. Identify the child/young person using their identification photograph on their care plan 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 and in the checking of bloods for insulin dependent young people.

9. Give the prescribed medication as directed to the child/young person in the agreed manner as detailed in the short breaks care plan/passport information. Ensure that both administrator and verifier have double signed that the medication has been given and administered.

Note: If medication needs to be given covertly (i.e. hidden in their food) then confirmation is to be sought from medical professionals, the information is also to be added to the young persons individual risk assessment. Parental/carer consent should be obtained and their preferred way in which the medication is to be administered should be stated and detailed within the relevant HSF 38.

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.**

Remember the 6r's:

1. Right medication
2. Right dose
3. Right route
4. Right young person
5. Right time
6. Right to refuse

- j) At the end of each shift a formal check of all medication should be undertaken by the two members of staff one being the designated senior running the shift and secondly the designated senior who is taking over the following shift, this can be at any stipulated time detailed on the rota:

- MARS sheets are to be checked to ensure all medication has been correctly administered, signed for and the numbers tally where tablets etc are stored.
- The communication books should then be signed to confirm 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.

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

**The following steps should be taken:**

- a) If a child/young person refuses medication then this should be clearly recorded on the medication chart, in the shift plan 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.

- b) If medication is spat immediately out and the tablet is recovered unspoiled, give the tablet again. If a liquid medication is spat out medical advice must be sought.
- c) 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 chart, in the shift plan, and in the child/young person's daily observation records.
- d) 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.
- e) 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.
- f) Do not re-administer inhalers where they appear not to have worked properly. Some of the medication may have been administered.
- g) The manager 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.
- h) Any variation to the administering procedure, error, or missed dose etc must be reported immediately to medical staff, parent/carer and Service Manager, and be recorded on the shift plan and the child/young person's file.



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

- a) There is a recognized duty of care by care staff to be able to make an appropriate response to symptoms of a minor nature e.g. head ache, 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.

- b) 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 record (MAR) and their short breaks care plan/passport information. In no circumstances can agreed doses exceed the recommended dosage stated for that medication.
- d) 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 record (MAR) 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.
- e) **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.**
- f) 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.
- g) Any homely remedies administered must have signed consent from parents before medication can be given.
- h) A child /young person can bring non prescribed medication in with them to the centres 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.
- i) 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 MAR.
- j) 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.
- k) **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, HSF30.**

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

- a) Homeopathic or Herbal remedies must be treated in the same way as any other medication

and recorded as such.

**If a child or young person has an adverse reaction to any medication given, report to person leading the shift and medical advice will be sought. Dependent upon the severity of the reaction person leading the shift to call 111 or 999 for advice. Parents/Carers and Social workers must be informed and information to be recorded on contact sheet.**

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



- a) Wherever possible arrangements should be made to avoid the need to disturb children and young people by administering medication during the night. However, 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. This will be the Waking Night Staff and the staff member sleeping in on call (The senior).
- b) The same procedures must be followed as per administration of medication during the day.

### **8) Safe transfer of Medication. (i.e. Sent to/from School)**

- a) Medication transferred to and from the centre must be logged in and out of the unit as detailed in section 1).
- b) The transport escort/driver is to sign out the medication when discharging a child/young person. It is best practice to show the transport escort the medication they are signing for too.
- c) School communication books must be routinely checked and updated to ensure details of any changes or difficulties (i.e. missed dose) regarding a child/young person's medication are conveyed to school/unit. This is particularly important where a child/young person is taking a medication for a time limited period (e.g. Antibiotic).
- d) Any missing medication or inconsistent information must be checked immediately with those responsible at the location medication has been transferred from and with anyone responsible for the transfer. i.e. school transport, taxi service etc.

- e) The resource centre should maintain a regular liaison with parents/carers, agency providers & schools in order to ensure good information flow and swift resolution of any difficulties.

## **9) Disposal**

- a) All discontinued, expired or unused medication, creams etc. should be returned to the parent/carer for disposal at the earliest opportunity.
- b) Where this is not possible or the medication is a non prescription over the counter remedy that has been held at the unit, any such items for disposal should be returned to the local pharmacy.
- c) 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 and two members of staff.

## **10) Training and assessment**

- a) The Resource Centre staff will follow an agreed training and assessment program, specifically addressing the Safe Administration of Children's Medication. This is detailed in the Medication Training Policy/Guidance
- b) Training must be provided either by the relevant local health agency or an accredited training agency.
- c) No member of staff may administer children's medication until they have joined the agreed training program and successfully completed the initial session.
- d) 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.