



HILLINGDON

LONDON

**Children and Young Peoples
Residential Services**

**MEDICATION AND MEDICAL
INTERVENTIONS POLICY**

Introduction

This policy is set out in accordance with the DfE National Minimum Standards and Regulations, Ofsted Requirements and the London Borough of Hillingdon's Children and Families Procedures Manual. It is the managers responsibility to review this policy annually or as changes in legislation require.

The purpose of this policy is to provide a guide to good practice for the administration of medication or undertaking of medical interventions for children and young people placed in residential care, including children placed for respite care. All procedures documented in this policy must be undertaken with due care and attention to the service user's privacy and dignity. For the purposes of this policy the term "child" covers the age range from 0-18years. This policy is based on consent to administer medication/first aid/home remedies being given by the child's parent or the person with Parental Responsibility (PR) for the child.

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General Guidance for Medication and Medical Interventions

It is the managers responsibility to ensure all looked after children are offered a health assessment on time and that all requests for assessments are sent in appropriate timescales (i.e. within 24 hours for an initial health assessment, or 3 months before a review health assessment is due).It is also important to include up to date information on the request so that we can tailor the assessment to the needs of the child.

The Registered Manager for the service is responsible for ensuring staff members are competent and adequately trained or qualified to perform the role asked of them with regards to the management and administering of medication or medical interventions. If a staff member does not feel competent in the required task it is their responsibility to notify their line manager so that further support and training can be provided.

Where staff are required to handle medicines a Control of Substances Hazardous to Health Regulations (COSHH) assessment should be undertaken of those medicines which must be handled. Examples include external applications such as steroids and cytotoxic medicines; any drug that has a toxic effect on cells; commonly used in chemotherapy to inhibit the proliferation of cancerous cells and conditions such as psoriasis. Individual training will be given to staff required to handle these substances.

In some situations workers may be required to administer skilled health tasks by a specialist technique for which training and competency assessments are required – see the Skilled Health Tasks section.

All workers are required to use disposable gloves if they undertake any administering of medication or medical interventions or any personal care tasks. These gloves are provided by the London Borough of Hillingdon.

If staff members have any concerns about a child they are working with in respect of health related issues these should be recorded, discussed with their line manager and the person with PR for the child. Discussions in respect of the health needs of the child will be discussed at the review of care package meeting, or sooner if appropriate and any necessary amendments will be made to the child's individual Care Plan.

All packages of care will be reviewed six monthly, or sooner if appropriate.

All residential workers should complete first aid training and undertake annual refresher training with the option of completing additional paediatric training in the administering of medication and first aid. In-house training is delivered for the administering of medication.

1. Prescribed Medication

Also see Section 2, Controlled Drugs

All children must have their medical health requirements written in their Placement Plan/Placement Information Record at the start of their placement, as well as written parental consent to the administration of the medication.

Before the placement, depending on the child's age and level of understanding, a risk assessment must be carried out by the child's social worker, in consultation with the child, his or her parents and the staff/carers, as to whether the child should retain and administer his or her own medication. If the child is permitted to do so, the arrangements must be set out in the child's Placement Plan/Placement Information Record - **see Section 5, Administration of All Medication.**

If a child is taking prescribed medication at the time of a placement, the child's social worker must inform the staff/carer before the placement of the medication the child is taking and the reasons why, and ensure that a supply of medication is provided in the original container clearly marked with the child's name, the dosage and when the medication should be given.

Where the child takes regular medication there should be a letter from the GP/relevant consultant setting out the type of medication, dosage and the time the medication should be given. For children receiving respite care, any changes must be notified to the staff/carer by the parents and confirmed by the GP/consultant in writing prior to the child's next placement.

For children with severe medical conditions and/or disabilities, see also **Section 11, Children with Serious Medical Conditions**

In any case where the staff/carer have any concerns about the medication or require clarification about the dosage, they must contact the child's GP for advice.

When receiving medication at the start of a placement, staff/carers must check that the medication is for the relevant child, within its expiry date and, in relation to children receiving regular medication, that the instructions on the label are in accordance with the letter from the GP/consultant. For children receiving respite care, staff/carers must also ensure that sufficient medication has been given to cover the length of the child's stay.

If a child is prescribed medication during a placement residential staff should collect the prescription from the doctor's (preferably with the child at the time of the appointment). Staff/carers should ensure that the medication is then collected from the pharmacy.

When collecting medication, staff /carers should ensure that it is appropriately labelled with the details being the same as that on the prescription. It is not acceptable that medication is labelled 'as directed' or 'as before'. If this happens, the staff/carers should seek clarification from the pharmacist or doctor and an appropriate label should be obtained and applied.

Appropriate advice should be sought re: the side effects or any food/other medication that may affect the effectiveness of the prescribed medication. Staff/carers should also always ensure that they clarify with the pharmacist whether the prescribed medication is categorised as a 'controlled drug' (such as Ritalin).

Where possible, staff should request pre-packed medication rather than loose tablets in a bottle. In any case, prescribed medication should be kept in their original containers, clearly marked with the name of the child for whom they have been prescribed and they should only be given to the named child as prescribed and set out on the container.

Asthma Inhalers: With regards to asthma inhalers, all children who are using inhalers should have a written recommendation from the prescribing doctor about how they should be administered. All inhalers must be labelled with the child's name. Risk assessments must be in place, which indicate a child's capability to use their inhaler. Regular support via reviews/asthma clinic must be made available.

2. Controlled drugs

This section should be read in conjunction with **Section 1, Prescribed Medicines**

The Misuse of Drugs Act, 1971 classifies controlled drugs 5 schedules. Controlled drugs are included in each of the schedules according to the potential for harm they are thought to present to individuals and to society at large.

When a child is prescribed or currently taking a controlled drug they must only be supplied for that individual child.

The controlled drug must be kept in a locked container within a locked medicine cabinet in a location agreed by the residential manager. The manager must ensure that a 'stock' is not kept (e.g. no more than 28 days supply at a time).

When administering a controlled drug, two people should be present - unless it has been agreed that one person may administer the drugs or that the child may administer the drugs him or herself. On each occasion the drug is administered, the remaining balance of the drug should be checked and

recorded in the appropriate place by the person(s) administering the drugs. See also **Section 4, Administration of Medicines**

As with all unwanted medicines, any unused controlled drugs should be returned to the pharmacist, a receipt requested and the disposal recorded. Unit may keep a “record of disposal form” which they can ask the pharmacist to sign. (see **Section 7, Disposal of Medication**).

3. Over the counter medicines

Over the counter medicines, sometimes referred to as home remedies, are any non-prescription medication available over the counter in community pharmacies. This also refers to homeopathic and herbal remedies. The only exception is aspirin which may not be given to children unless prescribed by a medical practitioner. These treatments are used for minor ailments without immediate consultation with a medical practitioner and can be given to children by staff/carers, only with parental consent.

In the case of children receiving respite care, the child's GP's consent should always be sought first.

These issues should be discussed at the time of the child's placement and set out in the child's Placement Plan/Placement Information Record. Checks should be made with the child's doctor and parents to ensure that the child has no record of an allergic reaction to, or any possible adverse reactions between home remedies and any regular prescribed medication the child may be taking.

Home remedies treatment should not be extended beyond two days without seeking medical advice. In the case of paracetamol, medical advice should be sought after 24 hours if the symptoms persist beyond that time.

1. Each residential home should have an agreed list of Home Remedies that can be bought over the counter, preferably from a local pharmacist who can be contacted to provide pharmaceutical advice to the home/carer.
2. Advice should always be sought from the pharmacist about any potential interactions between the home remedies and any prescribed medications the child may be taking. Children should not be administered both prescribed and non-prescribed medication unless consent has been obtained from the child's GP that it is safe to do so. This can be written or verbal consent obtained by telephone and recorded on the child's record.
3. All home remedies must be administered in accordance with the manufacturer's advice on dosage and side effects.

4. Each child must have their own personal record which indicates any home remedies which have been administered. The child's social worker should be informed of any changes in medication.

Any home remedy purchased for the home should be recorded (see **Section 11, Recording**) and stored safely in a locked cabinet unless it has been agreed that a child may retain their own medication in which case they should be stored in accordance with the agreed arrangements.

All non-prescription medication must detail when the medication was opened/started for use to ensure it is not kept beyond the expiry period. See also **Section 6, Stock Checks**.

Following consultation with a pharmacist, if a home remedy is purchased specifically for a child, a label should be put on the container with the child's name. This medication must not then be used by anyone else within the home.

4. Administration of all medication

Injections, enemas and /or suppositories should only be administered by a qualified nurse or doctor or a member of staff that has been trained and deemed competent.

NB When not in use, medication must be stored safely - see **Section 5, Storage of Medication**.

4.1 Self Administration by a Child

At the start of a placement, in consultation with the child, his or her parents and staff, the child's social worker should assess whether the child may retain and administer his or her own medication. If the child is permitted to do so, the arrangements must be set out in the child's Placement Plan/Placement Information Record and reviewed regularly, including suitable arrangements for the storage of the medicines and recording by the child of when he or she administers the medication.

Although it may be deemed inappropriate for children to hold their own medication, if appropriate the children should be encouraged to be pro-active in taking responsibility for their health needs i.e. asking for medication or booking health appointments. Risk assessments must be completed that indicate safe strategies.

Issues to be considered include:

- Does the child understand the importance of taking the medication regularly and at the correct time?

- Can the child safely store the medication?
- Is the child cooperative with staff/carers?
- Could the medication be taken and used by other children in the home?
- Does the medication have value if sold illegally?

Examples of medications that could be a child's responsibility are oral contraception, reliever inhalers and topical creams for eczema or dermatitis.

The child should be encouraged to take the medication appropriately and this should include giving reminders on a regular basis.

If there are concerns that a child is not managing his or her medication appropriately there should be a review of the arrangements.

4.2 Administration of medication by staff

When administering medication, the following procedures must be followed:

1. All medicines should be administered strictly in accordance with the prescribed instructions or, in relation to Home Remedies, as advised on the packet.
2. Children should not be administered both prescribed and non-prescribed medication unless consent has been obtained from the child's GP, written or verbal, that it is safe to do so.
3. Aspirin must not be administered to a child unless prescribed by a GP.
4. All children must have an up-to-date medical record sheet for each prescribed/non prescribed medication.
5. The staff member responsible for administering medication to a child must be trained in the safe administration of medication.
6. When removing the medication from the locked cabinet, the staff member must ensure that the cabinet is locked if it is left unsupervised.
7. All medicines should be administered from the container in which they were dispensed.
8. Liquid medicines should be administered using a 5ml medicine spoon or graduated oral syringe provided by the pharmacist.
9. Tablets should not be crushed or capsules opened without seeking advice from a pharmacist.

10. If prescribed medication with an expiry date is administered, e.g. eye drops, staff should record on the container the date opened and the expiry date of the medication must be checked before administration.
11. Before administering any medication, a check must be made that the correct name of the child is on the medication container and that the correct dosage is being administered at the correct time; the records must be checked to ensure that the medication has not already been given/taken; this will clarify that the medication being administered is correct.
12. The required dose should be given directly to the child and the staff administering the medication must ensure that it has been taken.
13. Once administered, the remaining medication must be returned immediately to safe storage.
14. A check should be made to see whether the course has been completed.
15. The administration of the medication should be recorded on all the appropriate records as set out in **Section 11, Recording**.
16. If and when medication has been refused or not taken by a child, this must be recorded and the reasons why. If a child is refusing to take an essential prescribed medication, the residential manager, social worker and child's parent must be informed and advice sought from the GP/Pharmacist.
17. If a child is absent when a medication is due - this should also be recorded.
18. If the course has been completed, this must be recorded.
19. In the case of prescribed creams being applied, the cream should be squeezed directly onto the child's finger to apply themselves. If it has to be applied by staff, latex gloves should be worn.
20. "As required" medication, known as PRN medicines, should be clearly labelled with levels of dosage, how often the medicine may be given and total number of doses in 24 hours. The purpose of the medication should be understood.
21. Errors in Medication:

In the event of an error being made in the administration of any medication, advice should be sought by either contacting the child's G.P. or another medical practitioner/help line and the advice given must be followed. Where there is a considerable health threat to the child as a result of the error, the manager should be informed immediately. The parents

and child's social worker should be informed and the incident should be recorded.

22. Any adverse drug reaction or suspected adverse drug reaction should be recorded and reported to the GP before further administration is considered.

23. If a label becomes detached from a container or is illegible, the prompt advice of the person who made the supply must be sought. Until then, the container should not be used.

4.3 Procedure for Administration and Recording of Medication during time away from the residential home

When children are away on holiday or excursions staff should take the child's medical details along with medication administration sheets as well as some blanks should the child be taken ill whilst away and require medical attention/Home Remedies.

Medications must be transported in a secure locked container.

If a child spends time away from the residential care home, either on home visits, holidays or time spent at school, any medication due to be taken should be kept in the original container, it should not be transferred to another container or envelope. If there is cause for concern, e.g. risk of loss or abuse, the pharmacist should be asked to dispense exact quantity required in a separately labelled container. Any medication taken away from the home should be recorded (see **Section 11, Recording**).

If residential staff are not directly administering a child's medication whilst they are away from home, instructions and guidance should be handed over to those who will assume this responsibility.

The medication should always be handed over to someone responsible for the child while they are away. Should a child return to the residential care home with new or unused medication, all appropriate records should be completed.

5. Storage of Medication

It is the responsibility of the registered manager to ensure the safe storage of all medication in the home.

All medication must be stored in a locked cabinet, used exclusively for the storage of medicines and out of reach of children and away from direct light and heat. It should be kept at a temperature below 25C. A thermometer should also be stored in the locked cabinet, which should be secured to a wall. The cabinet must be locked when not in use and staff/carers must retain a key to the cabinet.

Should a child's medication require to be kept in a refrigerator i.e. insulin, a small lockable fridge should be used for the exclusive use of the storage of this medication. Staff/carers should be aware of the recommended fridge temperature (2-8C) and ensure that it is checked daily and recorded.

In a children's home, the locked cabinet will be in a staff office and all medication will be kept there unless the child's social worker has agreed following a risk assessment that the child may retain and administer his or her own medication in which case the medication must be stored as agreed as part of the risk assessment.

Staff/carers should ensure that any medication to be applied externally is stored separately in the cabinet from medication to be taken internally.

All medicines should be stored in their original container and be properly labelled. They should only be kept at a residential home for the time the child is there unless agreed with the manager and/or parent. At the end of each respite period, therefore, medicines are to be returned to the child's parents/main carers.

6. Stock Checks

Preferably weekly or at least once every fortnight a stock check should be undertaken of all prescribed medicines and Home Remedies kept - including those which a child retains and administers him or herself.

Any prescribed medication and/or Home Remedies no longer in use or out of date must be disposed of - see **Section 7, Disposal of Medication**.

In children's homes, the manager is responsible for ensuring that the stock checks take place.

In the event of a discrepancy between the records and the medication actually stored, the manager must be informed.

7. Disposal of Medication

Medication should be disposed of when:

- The expiry date has been reached
- The course of treatment is completed
- A medical practitioner stops the medication.

All medication to be disposed of should be recorded (see **Section 11, Recording**). Syringes and needles should be taken away by the GP or nurse using them or disposed of in the sharps disposal box provided.

Wherever possible all medication, both prescribed and homely remedies, should be disposed of at a pharmacy. Medication should not be disposed of in other ways unless agreed with a pharmacist. The home should have a record of the preferred pharmacy to be used, including the name, address and telephone number.

Controlled medication **must** be disposed of at a pharmacy.

In all cases where medication has been taken to a pharmacy for disposal, this must be recorded and a receipt requested from the pharmacist.

A "Record of Disposal Form" may be held by the unit and can be signed by the pharmacist as evidence of disposal for the purposes of record keeping.

When a child leaves his or her placement, a signature must be obtained to confirm receipt of any medication that is handed over, along with instructions for its use, the reasons for it having been prescribed and any subsequent medication reviews/follow up appointments that the child may have.

In the event of a child dying whilst in the placement, the home must retain any medication the child was taking prior to or at the time of his or her death in order that it can be made available to the coroner.

8. First Aid

It is the responsibility of the manager to ensure that all staff are first aid trained.

Fully equipped first aid boxes must be kept in each home and in each vehicle used to carry children. The manager of the home must ensure that suitable arrangements exist for the contents to be checked in keeping with **Section 6, Stock Checks**.

First aid boxes must have a white cross with a green background. The inventory must include the quantity of each item in the box.

Children may administer their own first aid only if they are considered to be capable of giving first aid themselves and have a suitable first aid certificate or do so under the supervision of a member of staff. This will be confirmed in the child's Placement Plan/Placement Information Record.

If children are not deemed to be capable of giving first aid themselves or under supervision, it must be administered by a member of staff.

Other than for very minor injuries, professional medical attention must be sought as soon as possible following the administration of first aid (either take the child to see a medical practitioner or seek advice by telephone), even if the casualty's condition seems to improve.

In the event that a child requires administration of first aid, a record of this should be made (see **Section 11, Recording**). If an accident occurs, it must be reported and recorded following London Borough of Hillingdon policy and procedures.

9. Skilled Health Tasks (e.g diabetics, physiotherapy programmes, etc)

If a child requires a skilled health task to be undertaken, this will only be undertaken with the written authorisation of the prescribing doctor in relation to the child concerned. If required, appropriate training would be sought for staff/carers to ensure that they have the necessary level of skills before undertaking such duties.

9.1 Medical Interventions

Medical interventions are any procedure or piece of equipment that a child needs to maintain their health that would require training from the Community Children's Nursing Team or another specialist care professional. Prior to training evidence of professional qualifications must be provided by the trainer, in accordance with National Minimum Standards, Section 18.4. Staff are required to be trained and signed off as competent prior to undertaking any medical interventions.

These interventions may include:

- Administering of insulin
- Feeding via Nasogastric Tube
- General Care of Gastrostomy Feeding Tube
- Routine changing of Gastrostomy Tube
- Assessment for the use of Buccal Midazolam

If medical intervention is required to support a child this must be detailed and recorded in the child's care plan and reviewed regularly. Where appropriate a copy of the child's Health Care Plan should also be included.

10. Children with Serious Medical Conditions

For children who suffer from severe medical conditions and who require rapid intervention, e.g. epilepsy, it is essential that staff/carers follow the clear action plan that is contained in the child's Placement Plan/Placement Information Record, e.g. calling for an ambulance or contacting the child's parents. All staff must ensure that emergency aid is summoned immediately to ensure that the child receives full medical assistance. Emergency medication such as Buccal Midazolam and Rectal Diazepam must be provided where appropriate and stored securely so that they are available during a child's stay in the placement should they be needed.

11. Recording

The following records should be kept:

- First aid should be recorded in the First Aid Record/Log, the child's record and OSHENS on-line reporting system when appropriate.
- Prescribed medicines, Home Remedies and controlled drugs should be recorded in the Medication Cabinet Log Book (kept in a plastic sheet inside the medicine cabinet) - when received and when disposed of or handed to the child's parents on discharge, e.g. for children receiving respite care
- Each administration of medication should be recorded on a Medication Administration Record for each individual child. Records are completed by the person administering the medication and countersigned by a co-worker that has witnessed this process.
- The storage or stock checking of medicines/drugs should be recorded in the Medication Cabinet Log Book or as required/agreed by the Residential manager.
- The disposal of any medication should be recorded on the Medication Cabinet Log Book. Unit may have a Record of Disposal form that the pharmacist is asked to sign on disposing of unwanted medication.

Where children are permitted to retain and administer their own first aid, Home Remedies or prescribed medication, suitable arrangements must be made for the recording by the child of when he or she administers the medication and staff/carers must record instances where this occurs in the child's Daily Record.

12. Out of hours non-emergency support

For non-emergency advice and support staff should contact:
NHS Direct on 111
or visit their local NHS Walk In Medical Centre.

Residential and respite units should have a list of local NHS Walk In Medical Centres, hours of business and contact details for staff to access.

Details must be recorded on the child's record and parents informed.