

MEDICATION POLICY FOR CHILDREN WHO USE RESIDENTIAL SERVICES 2010

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Executive Summary of Medication Policy for Looked After Children. **Revised October 2010**

Aim.

The aim of this summary is to provide an easy-to-read and comprehensive overview of the full policy. It is not a substitute for the full document but should provide easily accessible advice. The full document should be referenced if the responsible person is in any doubt.

DOCUMENTATION (ref Chapter 2 of main document.)

The Registered Manager will have the overall responsibility of the home. The Registered Manager must be responsible for ensuring the appropriate maintenance of records.

- There is a statutory requirement to record information on all medication in care homes.
- Records of current medication must be kept for all child or young persons, including those who are self-administering.

This will include;

- All medicines received and administered by the home
- All medicines prescribed for children/young people resident in the home
- All medicines transferred out of the home or returned to the pharmacy for disposal

There should be an individual **Health Care Plan** and a **Medication Administration Record** for each child/young person resident in the home. The **Medication Administration Record** is the working document, which is signed as a record. The medication of each child/young person should be reviewed regularly.

This will include;

- The child/young persons name and date of birth
- An up to date photograph of the child/young person should be attached to the **Medication Administration Record**.
- The medicines being administered to the child/young person
- Details of child/ young person's General Practitioner (GP)
- Details of any known medicine sensitivity, e.g. to penicillin or aspirin
- Full details of all medicines, including the name, date prescribed and by whom, quantity, dose, form, strength and route of administration of medicines. This includes preparations for external use e.g. inhalers, creams and lotions
- The date of receipt of medicines
- The times at which medicines should be given
- Homely remedies taken by the child/young person
- Medicines refused by the child/young person
- Date medicines were stopped and by whom
- Disposal/returns

All records must be available and consulted at the time of administering the medicines.

On admission to a home written confirmation of the medication a young person is taking should be obtained by the home.

A medication consent form giving parental consent to administer both prescribed and non prescribed medication should be obtained if possible. Details of any emergency treatment, which may be required, should be given to home staff.

If the GP changes the dose of a medication then he/she must provide written authorisation for the home (this could be in the form of an e-mail or fax). The container must then be clearly re-labelled by the pharmacist or GP. Home staff must not alter any information on labels of medication.

DRUG INFORMATION IN RESIDENTIAL HOMES (ref 4.1)

Staff and child or young persons should have access to patient information leaflets and other information at an appropriate level. Staff should contact the community pharmacist when additional information is required.

ADVERSE DRUG REACTION REPORTING (ref 4.3)

Any adverse drug reactions should be reported to the appropriate GP / prescriber or community pharmacist and discussed before further administration of the drug in question.

STORAGE OF MEDICINES (ref chapter 5)

- Prescribed medication should be stored in a locked trolley or cupboard, securely fixed to a wall and in a lockable room. If a mobile trolley is used to store medicines it must be locked and fixed to the wall when not in use for medication administration.
- Controlled drug medication must be stored separately from prescribed/non prescribed medication (see section 8 Controlled Drug Medication). The key should be held securely.
- Non prescribed medication must be stored separately from prescribed medication.
- All medicines must be kept in the original container in which they were dispensed.
- The label on the container supplied by the pharmacist must not be altered under any circumstances.
- A separate, dedicated and lockable refrigerator, preferably a medicine fridge should be available in the home if a child is prescribed medication requiring cold storage for example antibiotic suspensions, antibiotic eye drops or insulin. This refrigerator should be used exclusively for the storage of medicines. The refrigerator should be kept locked at all times.

TRANSFER OR DISCHARGE OF A CHILD / YOUNG PERSON (ref chapter 6)

If a child/young person is transferred, the appropriate records should be sent directly to the next place of care. A detailed record of medicines sent out with the child/young person should be kept to include:-

- Name, strength and quantity of medication
- Date of sending out the medication
- The signature of the member of staff sending the medicines out
- The signature of the person receiving the medicines

Medicines belonging to a child/young person who leaves the home should be returned to that child/young person/ carer following a comprehensive risk assessment (refer to section 7.3a), and a record of all medicines returned should be made or if no longer required then they must be returned to the pharmacy for safe disposal following the disposal procedures.

MEDICINES ADMINISTRATION (ref chapter 7)

- Medication should be administered strictly in accordance with the prescriber's instructions.
- Any problems about the medicines given to a child / young person should be discussed with the GP.
- Staff should recognise it is an individual's right to refuse medication and although steps should be taken to explain the importance of taking prescribed medication persistent refusal to take medication should be recorded and reported to the GP.
- A young person may choose not to disclose to staff information regarding their medication e.g. contraception. Whilst they have a right to confidentiality, they should be encouraged to share this information as it may conflict with other prescribed medication that they are taking. However, following a risk assessment, they are entitled to due confidentiality. The LAC nurse may be able to assist if it is felt to be in the best interests of the young person to share this information. Refusal to share this information should be recorded on the young person's file.
- Medication prescribed for one child/young person should not under any circumstances be given to another child or young person or used for a different purpose.
- The individual's medication to be administered must be clearly labelled with the child or young person's name, ideally date of birth and administration details.
- Children of sixteen and over give their own consent to medical treatment.
Children under sixteen may also be able to give or refuse consent depending on their capacity to understand the nature of the treatment; it is for the doctor to decide this.

Medicines should always be kept in their original containers bearing the pharmacist's label and not be decanted into other bottles or containers.

PROCEDURES FOR STAFF IN THE ADMINISTRATION OF MEDICATION (ref 7.2)

- Check identity of the child/young person (using the photograph)
- Check the child/young person's medication chart, the child/young person's name and medication dosage instructions, check for any precautions in relation to the medication, noting any recent changes to medication and ensuring that the medication has not already been administered.
- Identify the appropriate medication. Check the labels and records match and check the expiry date.
- If there is a discrepancy check with the person in charge or the pharmacy before administering the medication to the child/young person.
- Administer the medication following the correct prescribed instructions i.e. check correct dose is being administered.
- The person administering the medication immediately after the medication has been given should sign the administration record.
- Record if the medication is refused or not administered stating the reason why. There should be evidence of this on the child's file and medication record.

CHILDREN / YOUNG PEOPLE TAKING THEIR OWN MEDICATION (ref 7.3)

- There may be occasions where a child/young person will request to store and administer their own medication e.g. contraceptive pill, inhalers, creams etc. The residential team must be clear that the individual child can do so safely. A risk assessment must be undertaken before it is decided that a child/young person can manage their own medication.
- The medication must be stored in a small lockable drawer/cupboard.
- The medication must be clearly labelled with the young person's name and the dosage / instructions for use.
- The key worker must approve and record that the young person has been instructed in the correct dosage and use of the medication.
- The young person must sign for any medication given for self-administration.

NON PRESCRIBED MEDICATION (ref chapter 7.4)

(Refer to appended list)

- Non-prescribed medication should only be dispensed after careful consideration and assessment of the young person's presenting problem. **However, a child should not be left in any pain or discomfort.**
- Staff should only give non-prescribed medication as indicated by the manufacturer's instructions.
- If adverse effects are observed consult a medical practitioner immediately.
- A record of non-prescribed medication should be available.
- Prescribed and non-prescribed medication should not be stored together.
- A member of staff must sign the record to say the drug has been administered.
- A designated member of staff must keep a regular record of checks.

Staff must be aware that symptoms, which may appear minor, could be indicative of a more serious underlying condition. Therefore treatment should not be extended beyond two days without medical advice being sought. However if the condition deteriorates, medical advice should be sought immediately. If there are any doubts or concerns please contact the Senior Registered Manager, Children's Residential Service Manager or NHS Direct on 0845 46 47.

CONTROLLED DRUGS (ref chapter 8)

- Controlled drugs may only be supplied for individually named child or young persons.
- The administration of controlled drugs should only be undertaken by suitably trained staff that have undertaken the homes induction procedure, including medication policy training, and is deemed competent to administer medication.
- Administration of controlled drugs should be witnessed and countersigned by **two** staff.
- Records of controlled drugs brought into the home should be kept in a bound book or register. Staff should check the balance.
- The pharmacist should dispose of controlled drugs.
- All returns should be recorded in the controlled drugs record and a signature of receipt obtained from the pharmacy.

Nursing Care Interventions previously referred to as INVASIVE PROCEDURES (ref chapter 9)

The children's home will be given written information regarding the Health needs of the children and young people referred to the home. This will include any specific nursing interventions the child or young person may require.

GASTROSTOMY/MIC-KEY TUBE FEEDING (ref 9.1)

- All staff must be trained on gastrostomy feeding before undertaking any tasks. The procedures must only be practiced following full and appropriate training delivered by professional medical/nursing staff from the appropriate Acute Trust /Primary Care Trust. Six monthly refresher training must be held.
- **Home staff must not attempt to replace a gastrostomy/mic-key tube. Medical advice must be sought immediately.** (See Residential Action Plan for appropriate contact numbers).
- **The gastrostomy tube must be replaced within 2 – 4 hours or the stoma will close.**

RECTAL DIAZEPAM AND MIDAZOLAM (ref 9.2)

It is Leeds CYPSC policy that staff will not administer rectal diazepam; the majority of young children will be prescribed buccal midazolam as an alternative.

AROMATHERAPY and HOMEOPATHY. (ref 9.4)

- Staff must not undertake aromatherapy sessions with a child/young person unless appropriately trained.
- Staff must be aware of all information regarding any aromatherapy/homeopathic products used within the home.
- Staff should encourage the child/young person to inform them if they intend to use aromatherapy oils/products etc within their own room.
- Any child/young person using aromatherapy or homeopathic products should have the information recorded on their Residential Action Plan/Health care plan.

SUPPOSITORIES and INJECTIONS. (ref 9.5)

Residential staff are **NOT** permitted to administer suppositories or injections to a child/young person. Medical assistance from the local district nursing teams must be sought; however exceptions to this would include insulin and emergency epipens.

DISPOSAL OF MEDICINES (ref chapter 10)

- Care should be taken to ensure that medicines and non-prescribed medicines are removed and disposed of when appropriate.
- On no account should the staff dispose of unwanted medicines.
- Outdated and unwanted medicines should be returned to the community pharmacy where arrangements will be made for them to be destroyed.
- The return of medicines to the pharmacy for destruction should be authorised by the Registered Manager, who will also be responsible for ensuring that the appropriate records are kept. (See section 6 Record keeping of medicines)
- Each home must have a burn bin available for the safe disposal of all sharps

STAFF INDUCTION, TRAINING AND RESPONSIBILITIES (ref chapter 11)

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- It is the responsibility of the Registered Manager to ensure that all staff are trained.
- All staff administering medication should be suitably trained in the use of medication and should have successfully completed the home's induction policy regarding medication.
- Each member of staff must complete a recognised first aid course.
- A First Aider should be on shift at all times
- Staff must receive training/information on any current policies and procedures for the management of medicines within the home.
- Staff should not be responsible for administering prescribed or controlled medication until they are fully inducted and trained.
- Non-prescribed medication i.e. paracetamol and simple linctus(sugar free) can be given once the staff know how to record it appropriately.

If in any doubt call the Senior Registered Manager or The Children's Residential Service Manager or NHS Direct 0845 46 47

Staff at Eastmoor should contact the nursing staff or the Senior Duty Manager.

CONTENTS

- 1. Policies and Procedures**
- 2. Documentation**
- 3. Supply of medication**
- 4. Pharmaceutical advice**
 - Drug information in residential homes**
 - Hazard notification and drug alerts**
 - Adverse drug reaction reporting**
- 5. Storage of medicines**
 - Cold Storage**
- 6. Record keeping of medicines**
 - Pharmacy record**
 - Transfer or discharge of child/young person**
- 7. Medicines administration**
 - Guidelines for administration of medication**
 - Procedures for staff in the administration of medication**
 - Children / young people taking their own medication**
 - Non prescribed medication**
 - Holiday or leave medicines**
 - Respite Care**
- 8. Controlled drugs**
 - Obtaining controlled drugs**
 - Storage of controlled drugs**
 - Administration of controlled drugs**
 - Records of controlled drugs**
 - Disposal of controlled drugs**
- 9. Invasive procedures aromatherapy and homeopathic remedies**
 - Gastrostomy / mic-key tube feeding**
 - Rectal Diazepam and Midazolam**
 - Aromatherapy**
 - Homeopathic remedies**
- 10. Disposal of medicines**
- 11. Guidance on over the counter medication**
- 12. Staff induction, training and responsibilities**

1. POLICIES AND PROCEDURES

In accordance with the guidance laid down in the Children's Homes National Minimum Standards (Care Standards Act 2000), all homes are required to have written policies and procedures re the administration and control of medicines.

Therefore this policy must be easily accessible to all staff working in the home and should be complied with at all times.

Documents referred to in the completing of this policy Include:

Care Standards Act 2000, Children's Homes Regulations 2001, Royal Pharmaceutical Society of Great Britain Guidelines

2. DOCUMENTATION

Date prepared: Jan 2010

Date of review: Jan 2012

Leeds Medication Record

- a) The Registered Manager will have the overall responsibility of the home. The Registered Manager must be responsible for ensuring the appropriate maintenance of records. The Registered Manager can appoint another member of staff to be the 'designated person' to maintain and oversee medication procedures on a day to day basis. The 'designated person' and other staff involved with medication should be appropriately trained to undertake this role (see section 11 re training and induction).
- b) There is a statutory requirement to record information on all medication in care homes. Records of current medication must be kept for all child or young persons, including those who are self administering. The following records relating to medicines must be kept:
- All medicines received by the home
 - All medicines prescribed for children/young people resident in the home
 - All medicines administered in the home
 - All medicines transferred out of the home or returned to the pharmacy for disposal
- c) All medicines brought into the home from whatever source, including a hospital or from another home should be recorded. The records should show:
- Date of receipt and who this was received from.
 - Name and strength of medicine
 - Quantity received
 - Child/young person for whom prescribed, with a current photograph of that child attached to the medical section of their file.
 - Name and signature of member of staff receiving the medicine,

The records should be properly completed, legible, written in indelible ink and current. They should be available for inspection at all times. The information should either be kept on the medicines profiles or in a bound record book.

There should be an individual Health Care Plan and a medication administration record for each child/young person resident in the home. The information on medication should form part of the child/young persons health plan and should include the following information:-

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- The child/young persons name, photograph and date of birth

Leeds Medication Record

- Full details of all medicines, including the name, date prescribed and by whom, quantity, dose, form, strength and route of administration of medicines. This includes preparations for external use
- The medicines being administered to the child/young person
- The times at which medicines should be given
- The date of receipt of medicines
- Details of child/ young person's General Practitioner (GP)
- Details of any known medicine sensitivity, e.g. to penicillin or aspirin
- Any information provided by the pharmacist on foods which might react with prescribed medicine
- Homely remedies taken by the child/young person
- Medicines refused by the child/young person
- Date medicines were stopped and by whom

- d)** The medication administration record is the working document which is signed to record the administration of medication. The record should include prescribed medication and details of any non prescribed medication which may be administered. Records for each child/young person should be held together. All records must be available and consulted at the time of administering the medicines.

When a young person is responsible for self administering medication a separate chart must be kept with information on the medication prescribed and times of administration. Staff must undertake regular checks that the young person has taken the medication. Staff must sign the sheet to state the young person has informed them medication has been taken and also a note should be made on the young person's file/handover sheet. When necessary discussions should be undertaken by staff with the young person to encourage compliance in taking medication and reminders must be given to the young person at the appropriate times to take the medication.

- e)** On admission to a home written confirmation of the medication a young person is taking should be obtained by the home. It is recommended practice that a child/young person, when admitted, should have a doctor's letter listing current medication or an up to date list of repeat medication.
- g)** A medication consent form giving parental consent to administer both prescribed and non prescribed medication should be obtained if possible. Details of any emergency treatment which may be required should be given to home staff.

3. SUPPLY OF MEDICATION

- a) Staff should ensure the information from the doctor prescribing the medication is written fully and precisely on the prescription form A1.2. It is important that the prescriber includes the dose and frequency of administration on the prescription to ensure the correct treatment and to reduce the risk of error in administration. When the administration route is other than oral, it is important for the prescriber to indicate the route for administration. The criteria for use of an 'as required' medication must be made clear by the prescriber.
- b) Prescriptions should be written for individually named children / young people.
- c) All medicines are normally dispensed in the manufacturer's original pack. Original packs such as calendar or blister packs must be clearly labelled with the child/young persons name on.
- d) Where medication for a child/young person differs unexpectedly from those received in the past, the home must check this out with the GP or pharmacist before administering the medication.
- e) Labels must be clearly printed on each medication container dispensed. If the label becomes detached from a container, becomes damaged or illegible the advice from the pharmacist must be sought. The medication should not be used until this has been clarified.
- f) If the GP changes the dose of a medication then he/she must provide written authorisation for the home. This could be in the form of an email or a fax which could then be placed on the child/young person's file. The container must then be clearly re labelled by the pharmacist or GP. Residential staff must not alter any information on labels of medication.
- g) Occasionally verbal orders may need to be given to residential staff by a GP to either initiate or change medication. This information must be clearly recorded including the date, time and signature of the member of staff taking the call. This information must be verified in writing by the GP as soon as possible following contact with the home.
- h) Household remedies can be purchased over the counter to treat minor ailments preferably with pharmaceutical advice. (see list) Remedies must not be labelled for individuals if they may be administered to other child or young persons.
- i) All household remedies administered must be recorded by residential staff.
- j) The medication of each child/young person should be reviewed regularly. This can be completed as part of the review of health care

Leeds Medication Record

plan or at least on an annual basis at the health needs assessment. This should normally be undertaken by a qualified health care professional, residential staff and social worker and whenever possible the child/young person. The needs of a child/young person are continually changing and these should be taken into account at the time of review.

4. PHARMACEUTICAL ADVICE

- a) The provision of advice is important. It is recommended that advice on the storage and administration of medicines should be sought from a community pharmacist, preferably the pharmacist who provides the pharmaceutical supplies to the home. The Registered Manager has overall responsibility for ensuring that there is adequate provision of pharmaceutical services to the home.
- b) At least annually the Registered Manager or Health Coordinator should ensure that a pharmacist visits the home to provide training for staff on administration and to review policies and procedures.
- c) Anything going in about contract and provision of PATCH services???

4.1 DRUG INFORMATION IN RESIDENTIAL HOMES

- a) Staff and residents should have access to patient information leaflets and other information at an appropriate level. Staff should contact the community pharmacist when additional information is required.
- d) A current copy of the British National Formulary should be available in the homes for reference and can be purchased from www.pharmpress.com for the sum of £ 34.99

4.2 HAZARD NOTIFICATION AND DRUG ALERTS

The community pharmacist, who provides advice on the storage and administration of medicines, should notify the home of any drug alert or recall as appropriate.

Homes should keep a record of any action taken.

4.3 ADVERSE DRUG REACTION REPORTING

Any adverse drug reactions should be reported to the appropriate community pharmacist or prescriber and discussed before further administration of the drug in question.

5.

STORAGE OF MEDICINES

- a) Prescribed medication should be stored in a locked trolley or cupboard, securely fixed to a wall in a lockable room. Ideally there should be individual sections available and suitably labelled for each child/young person's supplies. If a mobile trolley is used to store medicines it must be locked and fixed to the wall when not in use for medication administration.
- b) Controlled medication must be stored separately from prescribed/non prescribed medication (see section 8 Controlled Medication).
- c) Non prescribed medication must be stored separately from prescribed medication. Non prescribed medication should be stored in a separate locked cupboard or be physically separated from prescribed medication on separate shelves in the main medicines cabinet.
- d) Keys for the medicine cupboards/trolleys should be kept separate from the master key system. Copy keys should be retained by the home in case of loss of keys. Staff must ensure that the keys to the medicine cupboard/trolleys are properly controlled. While duplicate keys may be required for use in emergencies, the number of keys should be restricted. The keys should be inaccessible to children at all times and the procedure for handing over keys should be clearly understood by all staff concerned.
- e) All medicines must be kept in the original container in which they were dispensed. The label on the container supplied by the pharmacist must not be altered under any circumstances. When putting away new medicines of the same item should be placed behind the old one and clearly numbered in the order that they must be used.
- f) Storage of medication for children who self medicate – refer to section 7.3 Children/young people taking their own medication.
- g) A control of substances hazardous to health regulation assessment should be undertaken of all hazardous chemicals to be stored in the home.(COSHH guidelines) www.hse.gov.uk

5.2

COLD STORAGE

- a) A separate, dedicated and lockable refrigerator, preferably a medicine fridge should be available in the home if a child is prescribed medication requiring cold storage. This refrigerator should be used exclusively for the storage of medicines. The refrigerator should be kept locked at all times.

- b) The temperature of the medicines refrigerator should be monitored and recorded daily when in use, using a maximum/minimum thermometer. www.thermometerspecialist.co.uk. The refrigerator should be defrosted regularly by a named worker who is responsible to the Registered Manager.

6. RECORD KEEPING OF MEDICINES

6.1 PHARMACY RECORD

- a) The community pharmacist providing services to a home should maintain patient medication records within the pharmacy. These records are not a duplication of the patient's medical record; they contain only details of medication and other health related matters. (See below).
- b) A patient medication record might include the following information:-
- Full name of child/young person
 - Photo of the child/young person
 - Address and telephone number of the home
 - Sex of the child/young person
 - Date of birth of child/young person
 - Name and address of the Doctor
 - Drug sensitivities, allergic, chronic conditions
 - Medication supplied to the child/young person a prescription including dose and route of administration
 - Other medication purchased for self-administration where known

Pharmacists who keep patient medication records must be registered with the Data Protection commissioner and be familiar with the relevant parts of the Data Protection Act 1998

- c) The community pharmacist should maintain a record of visits and any advice given to the home. Staff should record any advice given to the child/young person in the health section of their individual files.

6.2 TRANSFER OR DISCHARGE OF A CHILD / YOUNG PERSON

- a) If a child/young person is transferred the appropriate records should be sent directly to the next place of care. A detailed record of medicines sent out with the child/young person should be kept to include:-
- Name, strength and quantity of medication
 - Date of sending out the medication
 - The name and signature of the member of staff sending the medicines out
 - The name and signature of the person receiving the medicines
- b) Medication records must be kept on the child/young persons file for a period of 75 years from the date of birth of the child or if a child dies before the age of 18 for 15 years after the child's death. (Children's Homes Regulations 2001, Part 3, Chapter 3, regulation 28)
- c) Medicines belonging to a child/young person who leaves the home should be returned to that child/young person via the responsible adult

Leeds Medication Record

for that child, and a record of all medicines returned should be made or if no longer required then they must be returned to the pharmacy for safe disposal following the disposal procedures.

6.3 Records for Administering of medicines can be found in section 7 – Medicines Administration.

7. MEDICINES ADMINISTRATION

7.1. GUIDELINES FOR ADMINISTRATION OF MEDICATION

- a) Medication should be administered strictly in accordance with the prescribers instructions.
- b) Medication should not be used for social control or punishment.(Children Homes Regulations 2001, Part 3, Chapter 1, Regulation 17, 5(e))
- c) Although it may be normally convenient to administer medicines at set times, provision should be made for administration at other times when so prescribed by a GP, or when the pharmacist advises that this is necessary to obtain the maximum benefit.
- d) Any problems about the medicines given to a child young/person should be discussed with the GP. Staff should recognise it is in an individuals right to refuse medication and although steps should be taken to explain the importance of taking prescribed medication persistent refusal to take medication should be recorded and reported to the GP.
- e) **When it is thought that a child/young person has visited a GP or clinic without the knowledge of the home and has been prescribed any form of medication** then the young person should be approached and encouraged to share information to enable staff to assist them. Staff should assess the potential risk to other children or the young person. Medication prescribed for one child/young person should not under any circumstances be given to another child or young person or used for a different purpose.
If there is felt to be a risk then staff should adhere to procedures, this may necessitate requesting information from the GP. However, as age appropriate, the GP and/or other health practitioners will use Frazer competency guidance and will observe the child/young persons confidentiality in cases where there is no risk
- e) Children of sixteen and over give their own consent to medical treatment. Children under sixteen may also be able to give or refuse consent depending on their capacity to understand the nature of the treatment; it is for the doctor to decide this. (Children Act 1989, Volume 4, 2.21-2.22)
When a child/young person is considered incapable of giving consent to treatment and/or where they are deemed to be mentally incapacitated (under the Mental Capacity Act 2005) www.legislation.co.uk
The GP responsible for treatment should be consulted. He/she should then consult relatives/carers and other members of the multi-disciplinary team on any action to be taken.
- f) The individual's medication to be administered must be clearly labelled with the child or young persons name and administration details.
Medicines should always be kept in their original containers bearing the pharmacists label and not be decanted into other bottles or containers.

- g)** Administration of medication from the original container should be facilitated from one of the following methods.
- i) Wall mounted cupboard, securely fixed to the wall situated in the vicinity of medication distribution.
 - ii) Medicine trolleys securely fixed to a wall.
 - iii) Individual wall mounted cupboards, securely fixed to the wall situated in client specific area

7.2 PROCEDURES FOR STAFF IN THE ADMINISTRATION OF MEDICATION

- a)** Check identity of the child/young person (*using photograph attached to medical file*)
- b)** Check the child/young persons medication chart, check the child/young persons name and medication dosage instructions, check for any precautions in relation to the medication, noting any recent changes to medication and ensuring that the medication has not already been administered.
- c)** Identify the appropriate medication. Check the correct medication and check whether the labels and records match. If there is a discrepancy check with the person in charge or the pharmacy before administering the medication to the child/young person.
- d)** Administer the medication following the correct prescribed instructions i.e. check correct dose is being administered and also check the expiry date of the medication, if present.
- e)** The administration record should be signed by the person administering the medication immediately after the medication has been given.
- f)** Where there is a choice of dosage e.g. 1 or 2 tablets, record the number administered.
- g)** Record if the medication is refused or not administered stating the reason why. There should be evidence of this on the child's file and medication record.
- h)** Where a drug is not required to be given on a regular basis and can be administered 'When required' or 'Where necessary' this information should be recorded on the medication chart and on the child's health plan.
- i)** All staff administering medication should be suitably trained in the use of medication and should have successfully completed the homes induction policy regarding medication.
- j)** As stated in section 7.1d, Guidelines for administration of medication, the GP should be informed of any child/young person who refuses to take

Leeds Medication Record

medication for more than 24hrs (I think this is RPGP guidance...???)and if possible, the reasons for this. The member of staff reporting concerns must clearly record the date, time and when reported to whom and any advice given.

7.3 CHILDREN / YOUNG PEOPLE TAKING THEIR OWN MEDICATION

All prescribed and controlled drugs will normally be stored in the homes medication cabinet.

a. There may be occasions where a child/young person will request to store and administer their own medication e.g. contraceptive pill, inhalers, creams etc. The residential team must be clear following a comprehensive risk assessment that the individual child can do so safely without risk to self or possible risk to other child or young persons. The risk assessment should include the following questions:

1. Is the child/young person responsible for their medication in their own home.
2. Does the child/young person want to self-administer?
3. Is the child/young person able to be responsible?
4. Does the child/young person
 - Recognise the medication (by name or appearance)
 - Know when to take it
 - Have some appreciation of its purpose
5. Has the child/young person read the information leaflet provided
6. Does the child/young person understand the need for keeping the medication locked away?
7. Is the child of an appropriate age to self medicate and able to understand the responsibility of self administering?

If the answer to all the above questions is yes, proceed with the self – administration of medication. This should then be documented in the child/young persons care records

b. The medication must be stored at all times in the individual young persons room in a small lockable drawer/cupboard. The door to the bedroom must remain locked at all times and the young person must not allow access to their keys by any other child or young person. It is the responsibility of home staff to ensure that the child/young person has locked their medication away and to check on a daily basis that this happens.

b. The medication must be clearly labelled with the young person's name and the dosage / instructions for use.

c. The Registered Manager must approve and record that the young person has been instructed in the correct dosage and use of the medication and the safekeeping of the medication. This must be clearly noted on the young person's file and countersigned by the young person.

Leeds Medication Record

- d.** The young person must sign for any medication given for self-administration. The record (A1.4) must also include:
- young person's name
 - name of the medication
 - date prescribed
 - quantity prescribed
 - medication strength
 - prescribed dose
 - frequency of dose
 - date, time and amount administered
 - the 'stock' balance
 - any reason for non administration
 - signature of person issuing.
- e.** Because of potential risks of interactions between prescribed medicines and medicines purchased over the counter, including herbal and homeopathic remedies, a child or young person or relative who may purchase a medicine for self medication should be encouraged to inform the homes staff that the child/young person is taking a particular remedy. The staff should ensure that a record is made on the child/young persons health plan, non prescribed medication sheet and advice be given as appropriate.
- f.** If a child or young person can not present his or her own prescriptions at the pharmacy because of disability or because they are placed in a secure children's home, this does not mean that he/she will be incapable of exercising control over his or her medication.
- g.** A young person who is physically unable to open medicine containers may still be able to exercise control over their medication provided that the residential staff assist the young person in taking his/her medicines.

7.4 NON PRESCRIBED MEDICATION

- a)** Non-prescribed medication should be stored in a securely locked cabinet. Keys should not be accessible to children.
- b)** Non prescribed medication should be stored separately from prescribed medication and controlled drugs.
- c)** Non prescribed medication should only be dispensed after careful consideration and assessment of the young person's presenting problem.
- d)** Staff should only give non-prescribed medication as indicated by the manufacturer's instructions.
- e)** If adverse effects / side effects are observed consult a medical practitioner immediately.
- f)** A record of non prescribed medication should be available containing the following information:

Leeds Medication Record

- What is being stored i.e. cough remedies, paracetamol, calpol, indigestion remedies, creams for mild skin conditions etc.
- A record of the date of purchase and expiry date.
- A record of the amount of cream, tablets, medicine brought into the home and added to the total (if any) already being stored in the cabinet.
- A record of what is administered, to whom it is administered and the amount administered deducted from the total amount being stored in the home.
- A member of staff must sign the record to say the drug has been administered.
- A designated member of staff must keep regular records of checks re medication which is out of date and follow disposal procedures.

Staff must be aware that symptoms which may appear minor could be indicative of a more serious underlying condition. Therefore treatment should not be extended beyond two days without medical advice being sought. However if the condition deteriorates, medical advice should be sought immediately.

7.5 HOLIDAY, ATTENDANCE AT SCHOOL OR LEAVE MEDICINES

If a child/young person is going to school, on holiday, on leave, or exiting the home for any other purpose, the child/young person's original dispensed medicines or a separately dispensed supply of medicines should be used. Medication must not be placed in envelopes or other types of containers. Any medicines leaving or entering the home under these circumstances should be appropriately recorded in the young person's file.

There should be a page for each child for each medication in the young person's file :

Name of child:

Name of medication:

Date:

Total quantity brought in:

*Total quantity returned
back to young person
/carer:*

<i>Date</i>	<i>time of medication administration</i>	<i>dose to be given</i>	<i>any special instructions</i>	<i>signed by</i>
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7.6 RESPIRE & SHARED CARE

Date prepared: Jan 2010

Date of review: Jan 2012

Page 17

Leeds Medication Record

- a) Details of all medication must be obtained prior to child/young persons first period of respite care.
- b) A medication consent form must also be signed by one or both parents prior to the first period of respite.
- c) Any changes to medication must be notified to residential staff and a new medication consent form signed giving relevant details.
- d) If there is ambiguity between medication brought in by the child/young person on admission and those recorded on previous medication consent form, the child/young person's parents and/or G.P. must be contacted to confirm the details are correct before completing a medicines administration chart.
- e) Prior to the child commencing their placement at the home, parents and carers will be advised in writing by the Registered Manager that sufficient medication must be sent to the home to cover the period of the child or young person's stay there.

All medication must be delivered to the home in the original container in which it was dispensed.

The label on the container supplied by the pharmacy must not be altered in any circumstances.

Staff at the home will contact parents and carers prior to the child or young person's next placement to remind them of the above procedure for providing medication to the home and to see if there have been any changes.

If a pharmacy label is seen to have been altered and notification has not been received from the GP or hospital to support the alteration then staff will not give the medication to the child and will contact the family or carer and the child's GP or NHS Helpline for advice.

In circumstances where parents or carers continually fail to provide medication for the child in an appropriate manner then the home may not be able to accommodate the child

- f) Details of a child/young persons health needs and medication must be evident in the health section of the child/young person's file. Reviews and updates must be carried out regularly by the child's keyworker.
- g) If a child/young person's health needs are so severe that they require nursing care and therefore their needs cannot be met by Children and Young People's Social Care Children's Homes, the Social Worker must refer to the relevant health authorities.

8. CONTROLLED DRUGS

8.1 OBTAINING CONTROLLED DRUGS

- a) Controlled drugs may only be supplied for individually named child or young persons.
- b) Children's Homes must not obtain 'stock' supply of drugs
- c) A child or young person for whom the controlled drug is prescribed has the right in law to 'possess' the medication.
- d) If a member of staff collects the medication from the pharmacy on behalf of the child or young person he/she is considered to be an 'agent' of the child or young person and as such may transport the controlled drug to the child or young person/home even though not authorised to 'possess' it on his/her account.

8.2 STORAGE OF CONTROLLED DRUGS

- a) Controlled drugs should be kept separate from other medications.
- b) Controlled drugs should be kept within a locked cabinet within the main drugs cabinet which should be securely fixed to a wall.
- c) The keys for the controlled drugs cupboard should be kept securely.

8.3 ADMINISTRATION OF CONTROLLED DRUGS

- a) The administration of controlled drugs should only be undertaken by suitably trained staff who have undertaken the home's induction procedure/medication policy training and are deemed competent to administer medication.
- b) Administration of controlled drugs should be witnessed and countersigned by two staff.
- c) Where potential difficulties may arise in relation to an individual child/young person objecting to two staff administering medication the care plan must clearly state that one person is the most effective way of giving the medication. However, two members of staff must check the dispensing of the medication and follow the appropriate recording procedures.

8.4 RECORDS FOR CONTROLLED DRUGS

- a) Medication sheets should be signed by staff when medication has been administered as for any other medication.
- b) Records of controlled drugs brought into the home should be kept in a bound book or controlled drugs register. The balance should be checked and maintained by staff and countersigned.

8.5 DISPOSAL OF CONTROLLED DRUGS

- a) Controlled drugs should be disposed of by returning them to the pharmacist.
- b) All returns should be recorded in the controlled drugs record and a signature of receipt obtained from the pharmacy.

9. NURSING CARE INTERVENTIONS (PREVIOUSLY REFERRED TO AS INVASIVE PROCEDURES) AROMATHERAPY AND HOMEOPATHIC REMEDIES.

The children's home will be given written information regarding the Health needs of the children and young people referred to the home. This will include any specific nursing interventions the child or young may require.

9.1 GASTROSTOMY/MIC-KEY TUBE FEEDING

- a) All staff must be trained on gastrostomy feeding before undertaking any tasks. The procedures must only be practiced following full and appropriate training delivered by professional medical/nursing staff from the appropriate Acute Trust /Primary Care Trust. Six monthly refresher training must be held.
- b) The procedures must be used in conjunction with the children's residential action plans/health care plans which must clearly identify the correct procedures, equipment, feeding regimes, stoma care, emergency response procedures and emergency contact numbers.
- c) A risk assessment on the tube feeding must be present on the general risk assessment file and on individual children's files.
- d) Home staff must not attempt to replace a gastrostomy mic-key tube. Medical advice must be sought immediately. (See Residential File for appropriate numbers). The gastrostomy tube must be replaced within 2 – 4 hours or the stoma will close.

9.2 BUCCAL MIDAZOLAM

- a) The procedure of administering Buccal Midazolam must only be practiced following full and appropriate training by professional medical/nursing staff from the appropriate Acute Trust/Primary Care Trust. A small group of staff in each home must undertake this training to ensure that there is one person on each shift who can administer the medication. Six monthly refresher training must be held.
- b) The procedure must be used in conjunction with the child's residential action plans/health care plans which must clearly identify the nature of the epileptic fit, medication, emergency treatment procedures and emergency contact numbers.
- c) A risk assessment on Buccal Midazolam must be present on the general risk assessment file and an individual risk assessment on the child be placed on their file.

Leeds Medication Record

- e) Any home required to administer Buccal Midazolam to a child/young person must ensure that the parents/carers have given information about their child's seizures and signed a consent form. Additionally an assessment will have been undertaken by the epilepsy nurse.

9.3 AROMATHERAPY

- a) Staff must not undertake aromatherapy sessions with a child/young person unless appropriately trained.
- b) Staff must be aware of all information regarding any aromatherapy products used within the home. Staff should encourage the child/young person to inform them if they intend to use aromatherapy oils/products etc within their own room.
- c) Any child/young person using aromatherapy products should have the information recorded on their Residential Action Plan/Health care plan.

The information should include:-

- Name of product
- Frequency of use of product
- The benefits of using aromatherapy techniques
- Any possible known side effects or contraindications

9.4 HOMEOPATHIC REMEDIES

- a) Staff should be aware of all information regarding homeopathic remedies used by a child/young person. Staff should encourage the child/young person to inform them if they intend to use homeopathic products within their own room.
- b) Any child/young person using homeopathic products should have the information recorded on their Residential Action Plan/Health care plan.

The information should include:-

- Name of product
 - Frequency of use of product
 - The benefits of using homeopathic remedies
 - Any possible known side effects or contraindications
- c) Staff should seek advice from the child/young persons GP or a pharmacist if they are unclear about possible contraindications regarding the use of homeopathic remedies.

9.5 SUPPOSITORIES and INJECTIONS

Residential staff are **NOT** permitted to administer suppositories or injections to a child/young person. If a child requires either, medical assistance from the local district nursing teams must be sought.

10. **DISPOSAL OF MEDICINES**

It is important to bear in mind that only items required from the repeat prescription list should be requested to ensure efficient stock control and avoidance of unnecessary medications being dispensed.

- a) Medicines which have been dispensed for individual children/young people are their property and should be returned to the child or young person on discharge, via a responsible adult or should be returned to the pharmacy or dispensing general medical practitioner with the consent of the child or young person or a relative. They should never be used for other children or young people.
- b) Care should be taken to ensure that medicines are removed and disposed of when appropriate. Particular care should be taken with medicines with a short shelf-life.
- c) *Medicines should be identified for disposal in the following cases:*
 - i) When the expiry date is reached.
 - ii) When a course of treatment is completed or discontinued.
 - iii) When the child/young person for whom they are prescribed dies. In such cases, the medicines should be retained for seven days following the death, in case they are required by the Coroner's Office or courts.
 - iv) When a dose of medicine is taken from the dispensed container but not taken by the child or young person, it should be kept by the person in charge in a separately labelled container, and then returned to the pharmacy for safe disposal.
- d) On no account should unwanted medicines be disposed of by the staff in the home. Outdated and unwanted medicines should be returned to the community pharmacy where arrangements will be made for them to be destroyed. The pharmacist can then ensure that these medicines are disposed of in the correct manner.
- e) The return of medicines to the pharmacy for destruction should be authorised by the person in charge of the home, who will also be responsible for ensuring that the appropriate records are kept. (See section 6 Record keeping of medicines).
- f) *The record of disposal should include:*
 - The child or young person's name
 - The name, strength, and quantity of medicines
 - The date of return
 - The signature of the member of staff returning the medicine
 - The signature of the pharmacist receiving the medicine.
- g) Where non prescribed medication e.g. cold remedies, cough mixture etc is stored then staff must return to the pharmacy for safe disposal.

11. USE OF OVER THE COUNTER (“ HOME REMEDIES”) MEDICATION GUIDANCE

Introduction

- 11.1** Since the introduction of the Children’s Act, 1989, there has been confusion as to the medication that can be given to children and young people, particularly “over the counter” medication.
- 11.2** The guidance principal in considering giving medication is that we have:
- A duty to act as a reasonable parent
 - A duty to work in partnership with parents/those adults with parental responsibility
 - A duty of care
- 11.3** A home remedies list is intended to meet a recognised need to treat minor ailments without necessarily consulting a young person’s GP. Preparation listed for use as home remedies should be purchased directly by the home.
- 11.4** The use of home remedies for children looked after should be the same as their use within a home setting. Home remedies should be administered at the discretion of the senior on duty and can be delegated by them.
- 11.5** Home remedies are to be taken by the mouth and may be administered to a young person for up to 48 hours providing that there is no deterioration in the young person’s condition. If there is a need for continued treatment, the young person’s GP should be contacted.

All medications included in the list should only be administered according to the instructions on the container. Any home remedy given to a young person must be recorded on an individual Non-Prescribed Medication Record. The person administering the medication should always check what previous medication has been given prior to this request/need for medication.

- 11.6** When a young person is admitted the member of staff admitting the child should ensure that they are clear as to:
- Any allergies the young person has
 - Any medication the young person is taking
 - Any reactions the young person has to medication

Leeds Medication Record

Where a young person is taking prescribed medication, or homeopathic/ herbal remedies an appointment with the GP should be made as soon possible to discuss and confirm treatment.

- 11.7** The consent to treatment contained in LAC Placement Plan Part 1 must be signed by the person with parental responsibility or by the young person if they are sixteen or over and retained on the young person's individual case file.
- 11.8** When a child or young person is admitted into a home consent should be sought from whoever has parental responsibility as to the administration of the identified home remedies that the young person may be given. A clear understanding as to when the medication would be administered must be given.

Leeds Medication Record

I give my permission for
to receive the following home remedies

I have discussed the home remedy guidance and when it would be used.

1. Paracetamol in the form of liquid (sugar free) or tablet

Age 1 – 5 120 - 250mg in one dose

Age 6 – 12 250 – 500mg in one dose

Age 12+ 500 – 1,000mg in one dose
N.B some children may prefer soluble Paracetamol

2. Sun Cream (protection factor 15 minimum)

3. Simple Linctus (paediatric, sugar free)
(Under 12 years)

4. Simple Linctus (sugar Free)
(Over 12 years)

5. Head lice lotion in consultation with pharmacist

6. Thread worm treatment in consultation with pharmacist

7. Anti-Histamines in consultation with the pharmacist (Ceterzine 10mg
tablet, Loratadine 10mg tablet, Acrivastine 8mg capsule for Hay fever)

8. Throat lozenges in consultation with the pharmacist

9. Plasters (in a variety of sizes including hypoallergenic alternatives)

10. Zovirax cold sore cream

11. E45 & Aqueous Creams as moisturisers

12. Cold/Flu remedies: Day Nurse & Lemsip

13. Clearasil cleanser for spots & blackheads

14. Ibuprofen 200mg tablets (anti inflammatory)

Name of Young Person _____

Signed by person
With parental responsibility _____

Or young Person 16/16+ _____

Date: _____

Guidance for Minor Conditions That May Be Resolved With A Home Remedy

Carers can check with the NHS Direct (Tel: 0845 4647)nhsdirect.gov.uk or with the young person's GP if they are unsure about the young person's condition.

Cuts & Grazes

Carers should be advised to wear disposable gloves if dressing open wounds and where contact with bodily fluids is likely to occur.

Cuts and grazes should be washed off with water and cleaned thoroughly and allowed to dry. Moist non-alcoholic wipes may be used if required. The wound can be covered with a plaster or an individually wrapped dressing. The use of antiseptic cream is not recommended.

Sunburn

Prevention is better than cure. Use a sunscreen with high blocking factor (Factor 15 or above). Hats and t-shirts should be worn during the summer. Summer sun should be avoided between 12 midday and 3pm. If sunburn is severe, seek medical advice. Certain drugs may predispose towards photosensitivity reactions (i.e. may react to sun). Check with local pharmacist. Staff should also use sunscreen to set an example.

Eye Care

For foreign bodies or injuries to the eye seek medical advice. (NHS Direct, GP or A&E). If there is an alteration in vision, the eye or surrounding skin is inflamed, has yellow/green discharge or is encrusted consult the young person's GP.

Foot Care

Always get diagnosis from the young person's GP if either athlete's foot or a verruca is suspected. **N.B Children and Young People with diabetes must always see the GP for foot care.**

Bites/stings – Internal

If the bite or sting is to the mouth, eye or nose consult the young person's GP or phone NHS Direct. **If lips begin to swell or the young person has a breathing difficulty dial 999.**

Constipation

The use of laxatives with children and young people is undesirable. Constipation is often remedied by adjustment of lifestyle and diet. An increase of dietary fibre, fluid intake and exercise may be sufficient to regulate bowel actions. If constipation lasts longer than 48 hours or is accompanied by severe abdominal pain or vomiting, consult the young person's GP.

Diarrhoea

The most important treatment for diarrhoea is to give the young person plenty of water to drink to prevent dehydration. Consult the young person's GP if condition persists for longer than 48 hours. If condition deteriorates or young person is unable to keep fluid down because of vomiting, consult GP.

Cough

Children age 1 – 11 years

Simple Linctus Paediatric – **sugar free**

Dose: 1 to 2 x 5ml spoonfuls 3 to 4 times daily

Young People aged 12 years and over

Simple Linctus – **sugar free**

Dose: 1 x 5ml spoonfuls 3 to 4 times daily

N.B. Simple Linctus must not be used for a person who has diabetes as it contains sugar. The sugar free version should be used/stocked in preference.

If the cough lasts longer than 1 week or produces green/yellow sputum or if the young person has a temperature then consult the GP.

Pain (mild) i.e. headache, toothache, period pain, etc.

Paracetamol may be in tablet or liquid (sugar free) form.

Aged 1 – 5 years	Paracetamol	120 – 250 mg in one dose
Aged 6 – 12 years	Paracetamol	250 – 500 mg in one dose
Aged 12 years and over	Paracetamol	500 – 1000 mg in one dose

***The dose may be repeated every 4 to 6 hours when necessary.
Maximum 4 doses in 24 hours.***

Precautions

- Persistent pain that is not controlled with Paracetamol – consult the young person's GP or NHS Direct
- **Check that any prescribed medicine does not contain Paracetamol before giving any other Paracetamol preparation.**

High temperature

Encourage the young person to drink plenty of cool fluids, however, if they become increasingly unwell or if the temperature is not resolved within 48 hours consult GP. If a young person has a persisting high temperature in absence of vomiting or a rash then Paracetamol in appropriate dosage may be administered. See previous paragraph and instructions on medicine for dosage.

***The dose may be repeated every 4 to 6 hours when necessary.
Maximum 4 doses in 24 hours.***

Head Lice

Prevention is better than cure. Regular detection combing of the hair will help prevent infestation. When head lice are seen consult your local pharmacist for advice regarding the current treatment of choice (conditioning and combing). Most pharmacies in Leeds will issue treatment. Consider checking other child or young persons and carers for head lice as well.

Extra points

- On admission of a young person to the home the consent form for the administration of 'home remedies' should be sought and signed as soon as possible from someone who holds parental responsibility. This should then be kept on the young person's file
- Young people keeping and administering their own medication e.g. contraceptive pill, may do so after discussion with the residential child care worker to assess responsibility, safety and storage of their medication so that it is not readily accessible to other young people .
- Storage – Store all medicines according to the manufacturers instructions in cabinet/fridge to which young people do not have access. Expiry date should be checked prior to administration. NB. Liquids have a shorter expiry date once opened.
- Cold Storage – some medicines such as antibiotic syrup, insulin and ointments should be kept in fridge. Always read instructions for storage on the package.

12. STAFF INDUCTION, TRAINING AND RESPONSIBILITIES

It is the responsibility of the Registered Home manager to ensure that all staff are trained appropriately, and to keep a record of who has been trained in what procedures. Staff should be issued with a certificate to state that they have attended a training session run by an approved Health Professional or Community Pharmacy.

12.1 Each member of staff should have completed a recognised first aid course. If a new, or temporary member of staff, is on duty who has yet to receive training, they must not be allowed to administer medication or first aid treatment without supervision from a staff member who has the relevant first aid certificate. A First Aider should be on shift at all times

12.2 All staff should, as part of the home induction be instructed on the procedures for:

- Storing medication
- Administering medication
- Recording medication
- Ordering repeat prescriptions
- Recording medication information on individual children's health care plans

12.3 Staff must receive training/information on any current policies and procedures for the management of medicines within the home.

12.4 Staff should not be responsible for administering prescribed or controlled medication until they are fully inducted and trained. Non prescribed medication i.e. headache tablets and savlon can be given once the staff know how to record it appropriately; this should be checked by the relevant supervisor. The supervisor responsible for induction must be confident that the member of staff is competent to undertake administration of medication before allowing them to do so unsupervised. The Responsible Line Manager will complete an annual appraisal with the staff member which both will sign, to verify competency. Initial training and induction at East Moor Secure Childrens Centre for new staff is provided by the nursing staff . A certificate of attendance is provided. On site nurses and managers assist staff in the administration of prescribed and none prescribed medication including controlled drugs.

12.5 All staff should be aware of the following information:

- The reasons why medication has been prescribed
- How long the medication must be taken for
- Any possible side effects and how to respond appropriately
- Any contraindications regarding the medication

Leeds Medication Record

- Correct storage instructions
- 12.6** All staff will be reviewed on a monthly basis through supervision and during their annual staff appraisal to demonstrate their continued competency in these procedures.
- 12.7** All staff training should be documented and records held on the home.
- 12.8** Review and evaluation of staff performance in relation to the medication policy and associated other policies should occur through probationary period and annual appraisal process. Any training needs identified and relevant training accessed.
- 12.9** Key workers should ensure that an annual review of a child/young person's medication is carried out by the G.P.
- 12.10** A record of any first aid given must be provided. First aid boxes must be provided on the home stored with the relevant equipment which is checked regularly, Items used should be replaced promptly, out of date equipment should be removed and any items with broken seals should not be used. A designated person should hold overall responsibility for checking the boxes, recording contents checked and the date the checks were carried out.

INDIVIDUAL MEDICATION PLAN	A1.1
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Name of Home:						
Name of young person :						
DoB:						
GP name:			GP tel no:			
Any known medicine allergy/sensitivity:						
Medication Name and Form						

Leeds Medication Record

Date medicines received:

Medicine Administration times:

Homely remedies being taken:

Medicines refused by the child:

Date medicines discontinued: and by whom:

Any information from the pharmacist on foods which might react with the prescribed medicines:

This plan should be reviewed by the keyworker, together with a responsible manager on a monthly basis alongside the day to day care plan for the child or young person.

A new form should be completed as and when required.

A new form should be completed as and when required.

RECORD OF PRESCRIPTION	A1.2
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Name of Home

Name of young person

Medication Name	Date	Number Prescribed	Strength	Dose	Frequency

Date	Time	Route	Dose	B	Non Administration - Reason	Staff Signature	Counter Signature

Leeds Medication Record

B = Stock balance

Unused amount returned to pharmacist on:

Signed:

Designation:

MEDICATION: STOCK CONTROL RECORD	A1.5
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**Name of Home
Prescribed Medication**

Medication name and strength	Amount Prescribed + Any Stock Balance	Amount Issued over past 7 days	Stock balance = Column B – C	Wk/ending	Y.P. Reference	Officer signature

Non- Prescribed Medication

<u>Medication Name and Strength</u>	Amount purchased + Any Stock Balance	Amount Issued over past 7 days	Stock balance = Column B – C	Date Checked	Y.P. Reference	Officer Signature

**Unused amount returned to pharmacist on: -
Signed:**

Designation: