

Policy and Procedures

LIMETREE COURT: SAFE ADMINISTRATION OF MEDICATION POLICY

January 2010

Introduction and Policy Statement

Limetree Court recognises that for some children access to appropriate medication is an integral part of their daily living and an aspect of minimising their disability.

Limetree Court undertakes to maintain a responsible attitude to children's medication in the context of advice from medical practitioners and parent carers and the current regulations and minimum standards.

- The purpose of this Policy and Procedure is to provide a system for the safe administration of medication to children and young people while receiving respite/short break support at Limetree Court.
- The legal framework for this Policy is stipulated within the Care Standards Act (2000) National Minimum Standards 23(1).
- The Children's Home Regulations 2001 (Part 111, Regulations 20 and 21) state in Standard 13 that:

"Children's health needs are met and their welfare is safeguarded by the homes policies and procedures for administering medicines and providing treatment".
- The policy and procedures aim to uphold the principles of the social model of disability and inclusions, in order that children and young people can continue to access services appropriate to their overall need.

1. **Receipt and Discharge of Medication**

- a) All medication brought into and taken out of Limetree Court should be recorded and documented in the assigned Receipt of Medication Book. This must be undertaken by a permanent member of staff who has undertaken the in-house induction/training around safe medication administration, and checked and witnessed by another member of staff.
- b) Children's medications will invariably come into the unit either with the parent/carer or in day/overnight or school bag.
- c) If medication is not handed directly over by parent/carer, children's bags should be checked upon arrival at the unit for any medication being sent in to the unit and any accompanying instructions ie parent/school communication book.

NOTE: Under no circumstances are staff allowed or expected to take requests/orders for medications to be administered to a child/young person from parents/carers over the telephone.

- d) A red bag with the child's school bag, indicates medication is inside. The 'parent/school communication book' should be read on their arrival to ascertain if any medication has been given at school and any particular instructions.
- e) The medication should be removed and locked in the designated cupboard currently situated in the staff office.

NOTED: CONTROLLED DRUGS:

It is imperative that ALL 'Controlled Drugs' are stored safely (stored in the double locked cupboard) situated in the staff office. When taking receipt of Controlled Drugs they must be recorded and discharged in the Controlled Drug book appropriately.

- f) The following details must be recorded regarding each item of medication being admitted/discharged.
- g) Medication in tablet form should be counted in at the start and counted out at the end of the child's stay. In the case of liquid/cream medication, approximations can be made.

h) If medication is sent between Limetree Court and school during the child's stay, then the signing in and out procedure must be followed:-

- Date being received/discharged
- The name of the child for whom the medication is prescribed
- Name and strength of the medication
- Quantity being received/discharged
- Signature of the staff members signing in and out

i) All medication received by Limetree Court must be in the container/packaging that it was originally dispensed in. The container/packaging should be labelled with the original, unaltered pharmacy label that clearly states:-

- Name of the child
- Name of the medication and its strength
- Quantity and volume supplied
- Dosage and frequency
- Clear directions for administration
- Date that the medication was dispensed and its expiry date
- Contact telephone number of the dispensing pharmacy

j) Medication which comes in without a pharmacy label or one that has incorrect information cannot be accepted and the parents/carers should be informed immediately. It will be the parents/carers responsibility to ensure that the correct information is available before medication can be given.

NOTE: Any medication that comes in incorrectly labelled will not be administered and the child/young person will be sent home with the child for parents/carers to administer at home.

k) Wherever possible the GP should be contacted to confirm correct administration/medication or dose before medication can be given.

l) If parent/carer cannot provide correct pharmacy label and/or information or are not contactable, advice must be sought from the Manager on duty, or on-call so appropriate medical advice can be sought.

m) Staff must never make assumptions about children's medication and administer any drug without the relevant and specific information.

n) If medication is expected and has not arrived with the child, or appears to be missing, an initial search should be undertaken. Parent/carers, transport and/or school (or other location child has arrived from) must be contacted to ascertain where the medication might be.

o) If medication is found to be missing, lost or has not been sent in, arrangements must be made to:

- ensure child has access to replacement supply
- report this occurrence to manager on duty/on call

- p) Parent/carer remains responsible for ensuring medication is correctly sent in from home and that there is adequacy of supply. Medication sent in is recorded on Medication Record Chart (MRC).

2. Safe Storage

- a) All medication must be stored in the designated medication areas, ie in the secure medication cabinet in the staff office or medication fridge. These areas must be locked at all times.
- b) Safe keeping of the keys to medication areas is the responsibility of the shift leader.
- c) If a child is going out or away from the unit, eg. organised outing or appointment, and medication needs to be given whilst they are out, then the medication should be taken out in its original container/packaging and at all times remain secure under the supervision of a permanent member of staff. The signing in and signing out procedure must be followed.

3. Administering Medication

- a) Administering of medication must always remain the responsibility of permanent members of staff who have been trained and inducted in the Limetree Court Safe Administration of Medication Policy.
- b) On each shift a permanent member of staff will be designated at the shift planning stage to be Medication Administrator and a second member of staff as Checker.
- c) These staff members are to be relieved of all other care/tasks whilst undertaking the medication duties.

NOTE: Staff who are designated to administer medication, for the shift, must not be disturbed during these times, to enable them to remain focussed on medication administration. UNLESS THERE IS A MEDICAL EMERGENCY.

- d) Medication must only be prepared in the designated areas. This is currently the Staff Office outside of the residential and communal area. This office contains the secure medication cabinet.
- e) The administration of medicine must be carried out on an individual child basis.
- f) Where it is necessary ***CUT TABLETS IN HALF***, and only one half is administered, the remaining half should be retained in the original container/packaging and administered at the next opportunity when a tablet is needed or returned home/school with the child.

- g) Request for a tablet to be crushed must be subject to medical/pharmacy advice. This must be sought before doing so. If tablets are to be crushed this must be recorded on the child's Medication Record Chart (MRC) and the advice to do so held on the child's medication file.
- h) At the prescribed time the child's medication should be removed from the cabinet and the following steps taken:
- 1) Check the child's name on the Medication Record Chart (MRC) against the name on the medication package/container.
 - 2) The date – is the prescription valid?
 - 3) Name of medicine, dose and frequency and route of administration.
 - 4) Ensure the dose has not already been administered.
 - 5) Select the required medicine and check the label for medications name, strength, form and expiry date.
 - 6) Verify that the name of the medication, the dosage, and the time that it is being given is the same on the MRC and the packaging.
 - 7) Identify the child using their identification photograph on their MRC or 'All About Me' File (if applicable).
 - 8) Avoid handling/touching the medication. Medication pots should be used to give liquid medication and tablets where appropriate. Gloves should be used to apply creams or lotions. Staff to ensure that the child/young person does not have a latex allergy.
 - 9) Give the prescribed medication as directed to the child in the agree manner as detailed in the medication plan.

NOTE: If medication needs to be given covertly (ie hidden in their food), then the UKCC position statement on the 'Covert administration of Medicine (2001) should be followed. Parental/carer consent should be obtained and their preferred way in which medication is to be administered should be stated (section 17).

10. Make clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the child/young person.
11. The two members of staff administering medication (Administrator and Checker), must sign the child/young person's MRC.

NOTE: The transfer or medication from one container to another, except for direct administration, is strictly prohibited.

4. **Problem in Administering Medication and Errors**

The following steps should be taken:

- a) If a child refused medication then this should be clearly recorded on the medication chart (MRC), in the shift plan and in the child's notes. Every encouragement should be given to ensure the medication is taken. However, a child must not be forced to take medication. If a child refuses medication, medical advice must be sought.
- b) If medication is spat out immediately and the tablet is recovered unspoiled, give the tablet again. If a liquid medication is spat out and it is unclear if some of the initial dose has been swallowed medical advice must be sought.
- c) If a tablet is dropped or liquid is spilled or spoiled prior to administration, then re-administer using a fresh dose. Note that a second dose has been given on the medication chart, in the shift plan and in the child's notes.
- d) When a dose is re-administered from medication sent from home, a check must be made that there are sufficient doses for the remainder of the child's stay. If there are not enough doses to re-administer then the parents must be contacted to bring in more.
- e) If a child vomits within 30 minutes of taking their medication, medical advice should be sought as it may be appropriate to re-administer the medication. If the vomiting occurs after 30 minutes the medication should not be re-administered and advice should be sought at the earliest opportunity.
- f) Do not re-administer inhalers where they appear not to have worked properly. Some of the medication may have been administered.
- g) The Manager must be informed immediately of any instances of a missed dose or error in the medication process and medical advice must be sought. An incident form must be completed by the person(s) involved (Appendix 1).

NOTE: Notification of serious event – medication management form must be completed in the event of a missed dose or medication error or error in the medication process.

- h) Any variation to the administering procedure, error, or missed dose etc must be reported immediately to medical staff, parent/carer and Team Manager (or on call Senior), and be recorded on the shift plan and the child's file. The Chief Pharmacist should be notified within 48 working hours of all administration and prescribing errors using the procedure agree. Incidents and medication errors are to be reported to OFSTED - Regulation 30/5 Notification regarding a serious event, Care Standards Act 2000.

5. Non-prescribed Medicines (homely or household remedies)

- a) There is a recognised duty of care by care staff to be able to make an appropriate response to symptoms of a minor nature, eg. headache, toothache. An agreed supply of over-the-counter/non-prescription medication may be held at the unit to enable appropriate responses to minor symptoms. These medications are agreed locally within RPSGB Guidance and held securely in the medication cabinet.
- b) If the parent/carer wishes their child to be given a non-prescribed medication (eg paracetamol suspension for headache), the circumstances and agreed dosage should be recorded at the time of administration, on the child's MRC and their care plan. In no circumstances can agreed doses exceed the recommended dosage stated for that medication.
- c) Wherever possible instructions from parents regarding non-prescription medication should include GP advice as to the most appropriate doses, ie. consideration of age, body weight etc, in respect of child/adult doses.
- d) If a child is prescribed or needs a non-prescription an 'as required' or 'when necessary' or 'prn' medication, then clearly written instructions from the prescriber and/or parent/carer must be recorded on the child's MRC and details held on the child's medication file. This must include the reasons for the administration, the time interval between doses, maximum dosage and the time span over which the 'when necessary' medication is to be given.

Note: Many non-prescribed medications contain paracetamol. This must be taken into account before giving further paracetamol to ensure that no more than the prescribed dose is given – (cumulative effect).

- e) The child's General Practitioner (GP) or Consultant should provide guidance and details of the dose and frequency of the medication and how it should be given. The instructions should be signed and dated. Parents/Carers must take the responsibility of obtaining these details from the GP/Consultant and should provide a further letter from the GP/Consultant if the medication or dose is changed in any way. It would be advisable to ask the parents to sign the medication chart to confirm that the medication is correct.
- f) Any homely remedies administered must have signed consent, from parents (**must have parental responsibility**), before medication can be given.

NOTE: Parental responsibility (PR)

Means all the rights, responsibilities and duties people including parents have to children.

Mothers: all mothers have parental responsibility when their child is born.

Fathers: not all fathers have parental responsibility for their children when they are born if they are not married to the child's mother.

Unmarried Fathers: have parental responsibility if:

- * The father's name is on the child's birth certificate and the child was born after 1st December 2003.
- * The father has a Parental Responsibility Order from the court.
- * The father has a formal Parental Responsibility agreement, which has been approved and registered by the court.

Ref: Hull City Council (2009) Care Proceedings: a guide for parents and families

- g) A child can bring homely/non-prescribed medication in with them to Limetree Court as agreed with the parent/carer. A consent form must be completed (Limetree Court, Non-Prescription, over-the-counter and home remedies consent form – Appendix 2). Each item must be clearly marked with the child's name. Staff must only give the medication following clear instructions on the pack. Parental advice re. symptoms when to give etc. may be followed but only if this falls within the directions specified on that medication.
- h) All such medicines must be treated in the same way as prescription medication. Recorded into and out of the unit and a record of any administration kept on the child's MRC.
- i) Advice should always be sought from a pharmacist about any potential interactions between non-prescribed medicine and the child's regular medication.
- j) If a parent/carer wishes their child to have a non-prescribed over-the-counter medication (eg paracetamol) it should be sent in labelled for that child only and must not be used for general administration. Instructions must be recorded by the parent/carer on the home medication record (Appendix 2).

6. Use of Homeopathic or Herbal Remedies

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

7. Administration of Medication at Night

- a) Wherever possible arrangements should be made to avoid the need to disturb children and administer medication during the night.
- b) However, should a child need to have medication administered at night, then the same principle of two members of staff, one to administer and one to check applies. This will be Waking Night Staff and the Staff member sleeping in on-call.
- c) The same procedures must be followed as per administration of medication during the day.

8. Safe Transfer of Medication (ie. sent to/from school)

- a) Medication transferred to and from the unit must be logged in and out of the unit as detailed in Section 1.
- b) School bags containing medication must be looked at individually to establish if a 'RED BAG' is contained to alert those conveying and receiving the bags that they contain medication.
- c) School communication books must be routinely checked and updated to ensure details of any changes or difficulties (ie missed dose) regarding a child's medication are conveyed to school/unit. This is particularly important where a child is taking a medication for a time limited period (ie antibiotics).
- d) Any missing medication or inconsistent information must be checked immediately with those responsible at the location medication has been transferred from/sent in from and with anyone responsible for the transfer ie. school transport, taxi service etc.
- e) Limetree Court should maintain a regular liaison with parents/carers, agency providers and schools in order to ensure good information flow and swift resolution of any difficulties.

9. Disposal

- a) All discounted, expired or unused medication, creams etc. should be returned to the parent/carer for disposal at the earliest opportunity.

RESIDENT CHILDREN ONLY:

For those children/young people in the care of Limetree Court, it is the responsibility of Limetree Court to ensure the safe disposal of expired or unused medications to the chemist and to gain a receipt for Limetree Court's records.

SHORT BREAK CHILDREN ONLY:

Parents accessing the short break service at Limetree Court, are responsible for the safe disposal of medications for their own child.

- b) Where this is not possible or the medication is a non-prescription, over-the-counter remedy that has been held at the unit, any such items for disposal should be returned to the local pharmacy.

10. Training and Assessment

- a) Limetree Court staff will follow an agreed training and assessment programme, specifically addressing the Safe Administration of Children's Medication Policy.
- b) Training must be provided either by the relevant local health agency or an accredited training agency.
- c) No member of staff may administer children's medications until they have joined the agreed training programme and successfully completed the initial session.
- d) As part of the on-going assessment process, Managers and Senior Practitioners may make spot checks during the administration process and of Medication Files and Records.

Consultation and advice regarding this document has been sought from professionals and representatives from the following agencies:-

Ann Howden (Principal Manager, Disability and Complex Needs)
Margaret Appleyard (Manager of Children's Community Nursing)
Jayne Booth (Children's Community Nurse)
Alison McKinley (Specialist Nurse, Health Co-ordinator)
Suzannah Hills (Manager, Kinloss Children's Home)
Steve Houghton (Manager, Limetree Court)

(CCNLT:introductionandpolicystatement-ltc)

NOTIFICATION OF SERIOUS EVENT

MEDICATION MANAGEMENT

LIMETREE COURT

Childrens Home:	LIMETREE COURT	Date of Event	
Children's Home Serious Event Log No. (LTC to identify)		Form Completed by:	
Time of Event:		Date form Completed (to be completed within 24 hours:	

Initial of young person involved in the serious event:		Date of Birth:	
Names of Officers involved:	1)	2)	3)
Initials of other person's involved:		Name of Manager:	

Description of event/incident (details to factual):

Children's Home Serious Event Log No:

Did the child/young person experience any effects?	Yes	No
If yes, please indicate		
Where did the incident take place?		

Actions:	YES	ACTION TAKEN
Manager Informed		
Parents/Carers informed		
Care First Informed		
NHS Direct (advice sought)		
(please add any other professionals/agencies informed)		

Officers Involved:

Officers Name: (print) _____ Signature: _____

Officer's Name: (print) _____ Signature: _____

Manager's Name; (print) _____ Signature: _____

MANAGER'S ACTIONS:

LIMETREE COURT

**NON-PRESCRIPTION, OVER-THE-COUNTER
AND HOME REMEDIES**

**‘HOME MEDICATION RECORD’
CONSENT FORM**

Before we are able to administer the following medications and apply minor first aid to the children/young people who stay at Limetree Court, we require parental permission, and the signature of your GP. The medicines which may be purchased are listed below. Please indicate which are acceptable or not acceptable for use with your child. If you have any preferred brands, or brands to avoid, please indicate below.

MEDICATION	YES or NO	BRAND INFORMATION
Paracetamol Tablets		
Paracetamol Dissolvable Tablets		
Paracetamol Liquid		
Cough Linctus		
Throat Lozenges		
Cold Remedies		
Antiseptic Cream		
Antiseptic Spray		
Head Lice Treatment		
Plasters		
Indigestion Remedies		
Sun Lotions		
After Sun Lotions		

As parent/guardian of _____ I hereby give permission for _____ to receive the non-prescribed medications, as listed above, and receive minor first aid treatment as necessary from the staff. I also *give/*do not give permission for _____ to be given medication prescribed by a doctor who has seen _____ whilst staying at Limetree Court.

Signed: _____ Name (print): _____

Date: _____

General Practitioner:

Signed: _____ Name (print): _____

Surgery: _____ Date: _____