

MEDICATION & HOMELY REMEDIES

GP 17

Outcome:

Young people and adult residents live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access the services to meet their health needs.

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1. Introduction:

Acorn Care and Education has a duty of care that requires all medication to be handled in a way that is as safe as possible.

This means any practices regarding medication must be detailed and precise with all staff aware of such procedures.

This policy covers storage, disposal, administration and recording of both prescribed, non-prescribed medications and medical emergencies. The policy covers invasive treatment in addition to oral, aural and topical (i.e. cream/lotion) medication. This also covers medication being administered through gastro.

2. Legislative context

This policy is in line with relevant legislation. The following is a list of legislation/guidance that has a direct impact on the handling of medication within a care home for young people:

- Children Homes Regulations 2015
- The Medicines Act 1968 (revised 2006)
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973 SI 1973 No 798 as amended by Misuse of Drugs Regulations 2001.
- Nursing Midwifery Council code for Registered Nurses
- The Data Protection Act 1998
- The Health and Social Care Act 2008 (regulated activities) Regulations 2014
- CQC regulations 2009
- The Administration and Control of Medicines in Care Homes and Children's Services
- 'Handled with care?' – 'Managing medication for residents of care homes and children's homes – a follow up 'study'. (CSCI Special Study Report Feb 2006).
- Mental Capacity Act 2005

3. Designated staff

Only designated staff should be recording, handling or administering medication:

- Designated staff will have attended training, covering key areas: receipt, storage and administration of medication and controlled drugs.
- Designated staff will have been assessed as competent to administer medication or to witness medication administration and their competence will have been signed off by a senior manager or school nurse.

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4. General Principles

Whatever the type of medication there are some general principles:

1. Any medication must be recorded immediately on a Medication Administration Record (MAR) which has been approved by a senior Manager and signed by the manager or delegated person on duty or the school nurse. If it is a controlled drug, it must be entered into the 'controlled drugs book' and signed by two members of staff.
2. Great care must be taken when completing a MAR sheet to ensure that the correct dosage and details are copied. Wherever possible, this must be checked by another member of staff. A copy of the **original** signed prescription for the medication must be retained and kept on file. Where prescriptions are emailed from the GP/consultant to a pharmacy, staff should ask for a copy of the email.
3. Any medicines administered must be recorded on the Medication Administration Record (MAR), with a staff initial and all columns must be completed.
4. Topical medicines can be delegated to the staff member giving personal care and they must ensure they sign the relevant Record Sheet to confirm they have been given.

5. Receipt of medication, controlled and non –controlled, in to the Homes/Schools.

The supply of medicines in the UK comes under the remit of the **Medicines Act 1968**. All medicines brought into the homes from whatever source must be recorded on the Medication Administration Record (MAR) as soon as received and medication stock record (where used) and the medicine must be stored in the allocated medicine cabinet.

A staff member must check:

- the drugs received against the copy of the signed prescription or the GP/consultant's letter to show changes in medication
- The drug name, young person's or adult resident's name, dosage strength and dosage instructions must be carefully checked
- The staff member must sign to show they have completed the check
- A copy of the signed prescription (or email/GP/consultant's letter) for each child or adult resident must be kept on file. Archived prescriptions should be retained in a separate place to avoid confusion.

On receipt of a new prescription, the staff member who has signed to show they have checked the medication against the prescription is also responsible for filing the prescription and archiving any old prescriptions.

6. Storage of Medicines

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All medication must be stored in its original container, with the original dispensing label, as received from the pharmacy. The name of the young person/adult resident, dose, frequency and route/method of administration must be clearly visible on the prescription label. If a label is unclear, or has faded then report the issue to a duty manager or the school nurse. A replacement can be obtained from the pharmacy.

Generally, all medication must be stored in a locked cabinet that is securely fixed to the wall and is used for **medication storage only**. (**see below for exemptions) The security of medicines **must not** be compromised by the cupboard being used for non-clinical purposes.

The exception to this is topical creams such as Zerobase which can be stored with other personal care items as long as they are in a secure location.

The temperature of the room where the medication cupboard is located should be checked and recorded daily and should not exceed 25 degrees centigrade.

Only designated staff should hold the key for the cupboard. At all other times the key should be locked in the house/school key cabinet.

The keys for the medicine cupboard should not be part of the master key system for the home. Key security is integral to the security of the medicines therefore access should be restricted to designated members of staff.

The shift leader responsible for the key must sign to that effect at staff handover.

Wherever possible, each young person should have their medication stored in a locked metal box. The box should have the child's name, a photo and information about any allergies on the front. If there are no allergies this should be marked as 'no allergies' not just left blank. Where individual tins are not used, photos on medication cupboards or boxes should be updated at least annually or where appearance has changed significantly. Exceptions to this, should be approved by a Senior Manager.

**Some medications should not be locked away and should be readily available to the young person or adult resident where a self- medication risk assessment has been completed.

7. Cold Storage

A separate, secure refrigerator should be available to be used exclusively for the storage of medicines requiring cold storage. The temperature of the medicines refrigerator should be monitored daily when in use, using a maximum/minimum thermometer and recorded. This should be between 2-8 degrees centigrade.

8. Administration and recording

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- Medicines supplied for an individual are the property of that person and **The Medicines Act 1968** clearly states that medicines must only be administered to the person for whom they have been prescribed, labeled and supplied. Therefore medicines obtained in this manner may not at any time be used for another person and must not be used for a purpose that is different from that which they were prescribed for.
- Care staff must not tamper with prescribed packs of medication i.e. by mixing medicines, as this may lead to potential claims under product liability law. This applies to the receipt of new supplies of medications. The original supply must be finished first.
- It is the responsibility of the Registered Manager (or the person to whom they have delegated this to) to ensure that stock levels of non-prescribed medication are kept at an appropriate level. They should also ensure that they carry out an audit of all medication required between the day of new medication being received into the house and the same day one week later. This allows the senior person responsible to establish exactly what needs to be ordered for the following month.

9. Preparation

Collect all the equipment that may be required prior to removing the medication from the locked cabinet, for instance:

- Jug of water and cups
- Spoons and syringes
- Medication record charts and pen
- Medication
- Tissues
- Latex free gloves

Wash hands thoroughly and explain the procedure to the young person/adult resident.

Only administer medication to one young person/adult resident at a time.

The member of staff must :

- check correct names on container, correct medicine, dose and time.
- check Medication Administration Record Sheet and that it is the correct young person/adult resident.
- Sign that the accurate process has been followed

N.B. Medication must never be secondary dispensed for someone to administer at a later time or date.

10. Process of Administration

Read the MAR sheet for the 'five rights' of administration and consider the 'sixth right'

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

It is essential that the people administering the medication, cross- reference the medication label with the Medication Administration Record sheet.

Check that the medication has not already been administered.

Transfer tablets or capsules from the blister pack into another receptacle, i.e. plastic medicine cup.

Do not touch by hand, use the gloves provided.

Pour liquids with the drug label on the bottle facing up to prevent spillage onto the label. Hold the medicine cup at eye level when pouring liquids out.

Give medication to the young person/adult resident and observe that it is swallowed. If administering via gastro tube, ensure that all medication has gone through the tube thoroughly and has been flushed appropriately.

Immediately sign the Medication Administration Record sheet to indicate that the medicine has been taken by the person. Lock the medicine away.

The Medication Administration Record is a working document and the initials of the people administering the medication and the date of administration must be linked to a specific medication. This is to facilitate audits at a later date and to ensure that the records are clear.

The signature and initials of all members of staff responsible for administering and witnessing medication must be on a signature sheet which is kept in the medication folder in each house.

- Record also if a young person/adult resident refuses medication.
- Record if medication is spilt or dropped and re-administer.
- Record if medication is regurgitated but DO NOT re-administer.

If the person refuses to take the medication, inform the senior on duty, who will then inform the Registered Manager, if necessary, and, if appropriate, the person's parent/carer. Advice may be needed from the GP or school nurse/pharmacist.

When medication is discontinued by the GP or the course has been completed, a line should be drawn through the remaining section of the Medication Administration Record, dated and signed. This should be undertaken by the senior member of staff on duty.

If a person has physical difficulty in swallowing medication, advice should be sought from a health professional who knows the person; and a plan of action recorded on the person's file as to how best to deal with this.

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11. Medication errors i.e. underdose/overdose or medication given to the wrong person.

Most medication errors are likely to be:

- Medication administration errors or
- Recording errors

Medication administration errors include giving the wrong dose, giving medicines at the wrong time, missing a dose of medication or giving the wrong medicine.

Recording errors include not recording that medicines have been administered, recording the wrong amount of medication, recording the wrong time when medicine was given.

Recording errors are incidents where the correct medicine was given but there has been some mistake in the way it has been recorded.

Medication errors are incidents where the wrong medicine has been given in some way.

If you realise you have made a medication error, or you identify that an error has been made by someone else, you should ensure you follow the actions outlined in this policy.

Always inform the most senior member of staff on duty, but **do not delay** seeking any immediate medical treatment needed if that person is unavailable.

Immediate Action If Emergency Medical Care Required

- As soon as the error is discovered and **if the child or adult resident is in need of immediate medical attention** an ambulance should be called.
- The most senior person on shift must be informed. They should inform parent/carer, the local authority social worker (if applicable).
- A member of staff should accompany the child or adult resident to hospital and take with them all medical information including the MAR sheet, information concerning any allergies, all current medication and full details of the error that has occurred.
- The incident should be reported in line with the serious incident reporting protocol and the Director of the Service must be informed as soon as possible.
- The member of staff who has made the error should be suspended from medication administration duties until their competency has been reassessed.
- The incident should be reported to the appropriate regulator (Ofsted or CQC) within 24 hours.
- If the child or adult resident has sustained harm then the incident should be reported to the local authority following the procedures in the Safeguarding Children Policy or the Safeguarding Vulnerable Adults Policy.

Action if Immediate Medical Attention is NOT Required

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- If the child/adult does not require immediate medical attention advice should be sought from the GP, pharmacist or 111 service. This conversation should be fully recorded and any advice given shared with all staff on duty and at the next handover.
- The child/adult's condition should be continuously monitored and clear records kept of those observations.
- The most senior member of staff on shift should be informed.
- The parent/carer and local authority social worker (if applicable) should be informed.
- The member of staff who has made the error should be suspended from medication administration duties until their competency has been reassessed.

Action for All Medication Errors

- As soon as the child/resident adult's immediate medical needs have been met, a medication error form should be completed by the most senior member of staff on duty. The form should be placed on the child/adult's file.
- Details of the error should be recorded on the MAR sheet.
- Medication errors should be reported on residential homes' Regulation 45 reports and school governance reports
- CQC registered services should keep a record of all action taken following a medication error

Investigations into Medication Errors

- The Registered Manager should consult with the Responsible Individual or Nominated Person to decide the most appropriate person to undertake the investigation into the medication error. In day schools, a member of the SLT should make the decision.
- Medication errors may be the result of problems with processes or procedures which have contributed to individuals making errors. Therefore, the investigation should be approached as an opportunity to identify any procedural or process issues that need to be rectified as well as considering whether there may be staff training or competency issues.
- If the incident has been reported to the local authority as a safeguarding incident, any internal investigation must not begin until the local authority have concluded any investigation or action that they decide to undertake.
- The report should include :
 - an account of the incident including the views of the child/adult affected where appropriate
 - details of immediate actions taken
 - an analysis of the cause of the incident
 - recommendations to prevent future recurrence which may include revisions to policy and procedure, changes to recording or administering practices, staff training, equipment , reassessment of competency etc.
 - If there are individual staff actions which cause concern this should be discussed with a senior manager and the HR department.

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- The investigation report should be shared with the Registered Manager, Responsible Individual or Nominated Individual, and the Director for Policy, Quality and Outcomes.
- If during the investigation, any complaint is made by the child/adult, their parent/carer or another professional, the complaint process should be followed alongside the investigation.

12. Self -Administration

Some young people and adult residents may wish to manage and administer their own medication e.g. antibiotics.

Consent to self-administer should come from someone with parental responsibility, unless a GP has deemed the young person to be Fraser competent. Where a young person is deemed Fraser competent, their permission should still be sought to inform parents to ensure a 'joined up' approach. Where parental consent and the young person is not Fraser competent is not possible, further discussions need to take place between registered manager, social worker, a senior manager and the school nurse.

A thorough risk assessment must be undertaken for any anyone potentially administering their own medication. Areas to cover should include:

- The young person/adult resident understands their medical condition and the side effects of any misuse of medication
- The young person/resident adult understands the importance of administering the medication at the correct time, using the correct method and the correct dosage and what to do if they forget to take the medicine or lose it.
- The registered manager and staff are aware of the side effects of the medication and how to respond in an emergency
- The possibility of other young people/residents gaining access to medication they have not been prescribed.

Following the risk assessment, a 'Medication Self-administration Plan" will be developed for individual people if it is appropriate. Staff should inform the young person/resident adult of any action staff will take if they do not take the medication as prescribed (e.g who would need to be informed)

The medication will need to be stored in a locked cupboard in the young person's/adult resident's room.

A written record of the name, strength, dosage and quantity of medication received into the home must be recorded on the Medication Administration Record and it should be identified on the young person's/adult resident's/ health plan that they are administering their own medication.

Staff should monitor the need for repeat prescriptions and order it if this supports the young person/adult resident.

Self-administration should also include oral contraception. Staff should be aware of the sensitive nature of contraception for the young person/adult resident. There may be issues of confidentiality to consider so staff need to be clear on who knows about the young person/adult resident and what

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the young person's/adult resident's views are on people knowing. A health professional would only prescribe the pill to a young person or adult resident who is assessed as being competent to take it. Therefore if there are any concerns over compliance, advice should be sought from the professional who prescribed it.

With regard to sexually transmitted infections (STIs), young people/adult residents themselves should only apply their own prescribed cream, or it may be administered by the school nurse. If any concerns arise about compliance then advice should be sought from the health professional who prescribed the medication.

13. Administration of medication away from the home/school

When a young person/adult resident is away from the residential home or school overnight, medication must be taken in its original container. Medicines must not be dispensed into unsuitable containers i.e. envelopes.

Appropriate entries in the Medication Administration Record and the young person's/adult resident's records must indicate that they have been away from home and details of the amount of medication the young person/adult resident has taken with them should be made.

The 'Administration of Medication Away from Home' form must be completed and retained on the young person's file.

If a young person is registered with the school doctor within a Residential Special School, parents will be supplied with their own medication which will remain in their home. Where young people are not registered with the school doctor, it is an expectation that the parents will supply the school with extra medication.

It is accepted that medication that travels between schools and home will usually be sent with the taxi driver but this must be an original container in a sealed prescription bag or sealed envelope. All taxi companies used by schools have been approved by the Local Authority.

14. Disposal of medication

When the young person/adult resident no longer lives in residential care, any remaining prescribed medications should go with them to their new home. The transfer of medication should be detailed on the Medication Administration Record and in the person's records. An 'Administration of Medication Away from Home' sheet must be completed and signed by staff and also by a designated person at the new placement. A copy of the form must be retained with the person's Medication Administration Record sheet.

To provide an audit trail, prescribed medicines that are not used should be returned to the pharmacist and the Returned Medicines Book completed. A copy should be retained by the home/school; also a record should be made in Controlled Drug book if appropriate. If controlled drugs are returned then

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the Boots driver needs to be informed and the box should be ticked on the corresponding page in the Returned Medicines Book.

Expiry dates on non-prescribed medications i.e. Calpol/ Paracetamol should be regularly checked and if out of date should be returned to the pharmacist for disposal.

15. Controlled Drugs

On receipt of Controlled Drugs, the Medication Administration Record sheet and Controlled Drug book must be completed and signed by two members of staff.

Storage of controlled drugs

Controlled drugs must be stored in a separate locked medicine cupboard which may be within the main medicine cupboard. The controlled drugs cupboard must be affixed to a wall.

The key for the cupboard must be locked in the key cabinet and **MUST NOT** be on the same key chain/ring as for the generic medicines. The shift leader responsible for the key to the controlled drugs cupboard must sign to this effect at staff handover.

Administration and recording

Follow the preparation process and the six rights of administration as detailed in section 10.

The Medication Administration Record sheet and the controlled drugs book must be signed immediately.

If controlled drugs need to be used within a few minutes of a medical emergency (eg Buccolam) the drug may be carried on a staff member in a 'bum bag'. The bag must also contain a clear protocol document and there should be a risk assessment to record the reasons why this is not locked away.

The bag must not leave the staff member's person at any time. It must not be passed to anyone else or put down anywhere.

The shift leader remains responsible for checking the medication at the end of the shift.

Each young person must have, on their file, prior written permission from the person/s with parental responsibility for staff to administer first aid and non-prescribed medication.

It must be clear on each young person's or adult's file who has the authorization to give medical consent for routine treatment, emergency treatment and administration of first aid, non-prescribed and prescribed medication.

Medication Administration Records (MAR) are a legal document, they must not be erased or 'tippexed' and no highlighter should be used. Mistakes must be acknowledged by way of initials on every occasion. Black pen should always be used.

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Staff must read the patient information leaflet, which is packed with the medication, to ensure they are aware of what the medication is for, any side effects and any medications that must not be taken at the same time. A patient information leaflet for medications that are blister packed must also be filed.

Staff will not accept medication from the pharmacist that does not state the exact prescribed dosage- **'as directed'** will not be accepted unless there is a related protocol specifically drawn up. If this does occur, staff must return the medication to the pharmacist for the doctor's specific instructions of the prescribed medication.

Transfer of Controlled Drugs

If controlled drugs are transferred between the child's/adult resident's home and the residential home/school then a locked metal box must be provided with two keys. One key must be retained by the parent/carer and one by the residential home/school. This will ensure that the box cannot be accessed on route.

Disposal

Medication must be returned to the pharmacy and signed for. A signature of the Boots driver, if one is used, or the pharmacy must be obtained in the Returned Medicines Book stating the amount of medication disposed of.

16. Non-prescribed medication

A non-prescribed medication list is intended to meet a recognised need to treat minor ailments without necessarily consulting the young person's/adult resident's GP. Dosage instructions should be clear, the date of purchase should be recorded and all medication stored in the locked medicine cabinet (not the controlled drugs cabinet).

N.B. Prescribed and non- prescribed medications should be kept separately within the medicine cabinet.

The use of non-prescribed medication for the young people/adult residents in the home should be similar to their use within a family home setting. Non-prescribed medication should be administered at the discretion of the person in charge of the home and can be delegated down at the discretion of the person in charge (consent forms must be signed prior to any medication being administered) First Aid equipment must again have a separate storage space.

Non-prescribed medications are to be taken in accordance with the Patient Information leaflet directions and should be used for acute self-limiting conditions only and may be administered to a young person/adult resident for a maximum of 48 hours providing that there is no deterioration in the person's condition. If it is considered that there is a need for continued treatment, the School Nurse or GP should be contacted. Topical/external preparations included in the list again must only be used

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in accordance with the Patient Information Leaflet. Any non-prescribed medication given to a person must be recorded on a MAR Sheet and signed. The medication should be stored, administered and disposed of as for prescribed medication.

As part of the young person's/adult referral process, information should be sought to ensure we have clear knowledge as to any health issues that may occur:

- Any allergies the young person/adult resident has.
- Any medication the young person/adult resident is taking.
- Any reactions the young person/adult resident has had to medications.

During the admission process, consent should be sought from whom ever has parental responsibility as to the administration of the identified non-prescribed medication that the young person may be given. A clear understanding as to when the medication would be administered must be given alongside a copy of the consent for non-prescribed medication form.

17. Medication Reviews

Every young person/adult resident should receive a medication review from their GP or psychiatrist.

18. Parental Concerns Regarding Medication

Parents will be kept fully informed about their child's medication and any proposed changes. They will be told that they can discuss any medication concerns with the staff or school nurse in the first instance. If they cannot adequately answer any questions or concerns then they will contact the relevant person who can.

19. Medicines Reconciliation

The Registered Manager, the Deputy Manager or another person responsible for a young person's transfer into the home will co-ordinate the accurate listing of the young person's medicines (medicines reconciliation).

The Registered Manager or the Deputy Manager will ensure that resources are available so that medicines reconciliation occurs in a timely manner.

They will ensure that the following are involved in this process:

- The young person/adult and/or their family members or carers
- Pharmacist
- The GP

On the day that a young person/adult resident transfers in or out of the home the following information regarding medication should be made available:

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- Young person's/adult's details including full name, date of birth, NHS number, address and weight (for those under 16 and where appropriate)
- GP's details
- Details of other relevant contacts such as nurse, psychiatrist
- Known allergies and details of any reaction experienced
- List of medicines that the young person/adult is currently taking including name, strength, dose, route, form, time and indication if known.
- Date and time when any PRN medicine was last taken
- Other relevant information including when a review is due, any monitoring that is required e.g. annual blood tests and what help if any the young person/adult requires to take the medication

The person responsible for collating this information should record their name, job title and the date on the form.

20. Covert Administration of Medication

Staff should not administer medication to young people or adults without their knowledge if the young person/adult has the capacity to make decisions about their care.

Should there be an agreed need to administer medication covertly, permission should be sought at a best interests meeting from the parent, social worker, the GP and pharmacist. If agreed, permission from the GP and parents should be gained in writing and a method of administration agreed and recorded.

Thickened liquids

Thickened liquids can be a choking hazard if they are made up to the wrong consistency. Any staff administering thickened liquids must be observed by a competent person on the first occasion.

Crushed Medicines

Crushing of medication can affect the absorption rate and efficacy of medicines and may pose a risk.

If there is a need to crush medication, permission must be granted by a pharmacist and the conversation carefully recorded.

21. Minor conditions that may be resolved with non-prescribed medication

Care staff can check with the school nurse, by phoning 111, or with young person's/adult's GP or pharmacy if they are unsure about the young person's/adult's condition. It is recognized that not all services within the company use homely remedies but for those that do, the following should be heeded.

Cuts and Grazes

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Care staff are advised to wear gloves if dressing any open wounds and where contact with body fluids is likely to occur. Cuts and grazes should be washed with water and cleaned thoroughly and allowed to dry. They can be covered with a hypoallergenic plaster or an individually wrapped dressing. Antiseptic creams must not be used.

Dry Skin

Aqueous cream - a useful moisturiser.

E-45 cream - a non-greasy softening/soothing unperfumed cream. This is useful for dry chapped skin. Some people may be allergic to the lanolin content.

Sunburn

Prevention is better than cure. Use a sunscreen with a high blocking factor i.e. Factor 25 and above, particularly for sensitive skins. Hats and tee shirts should be worn during the summer. Summer sun should be avoided between 12 midday and 3pm. Calamine Lotion will help to relieve mild burning. If sunburn is severe, seek medical advice.

Certain drugs may predispose towards photosensitivity reactions (i.e. may react to the sun). Check with the local community pharmacist.

Eye Care

For foreign bodies, bathe eye in warm water. An eye bath may be used. Consult the school Nurse, phone 111 or young person's/adult's GP if eye splashed with irritants i.e. bleach. If the eye, or surrounding skin, is inflamed and has a yellow/green discharge or is encrusted consult the young person's/adult's GP.

Foot Care

Always get a diagnosis from the young person's/adult's GP if either athlete's foot or a verruca is suspected.

Young people/adults with Diabetes Mellitus should **always** see the GP for foot care.

Bites/Stings - Internal

If the bite or sting is to the mouth, ear, eye or nose **consult the young person's/adult's GP, the School Nurse or phone 111**. If lips begin to swell or the young person/adult has difficulty in breathing, dial 999 immediately and administer first aid as necessary.

Bites/Stings – External

Consult with the school nurse or phone 111

Urticaria, (itching i.e. from nettle rash)

The following can be applied directly to the skin for relief of itching

- Calamine Lotion

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- Witch Hazel Gel

Constipation

Consult with the school nurse or the young person’s/adult’s GP.

Hay Fever

Seek advice from a GP as the young person/adult may be allergic to something else rather than have hay fever. This will also enable tablets to be prescribed for the young person/adult and repeat prescriptions can also be requested.

Cough and Sore Throat

Honey, Glycerine and Lemon cough syrup.

Dose: 1-5 years 2.5mls up to 4 times daily

6-12 years 5mls up to 4 times daily

12 years and over 5-10mls up to 4 times daily.

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

Diarrhoea

The most important treatment here is to give the young person/adult plenty of water to drink to prevent dehydration.

Consult the young person’s/adult’s GP if condition persists for longer than 48 hours, if condition deteriorates or young person/adult is unable to keep fluid down because of vomiting.

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

Any non-prescribed medication for mild pain must only be administered as directed in the patient information leaflet.

Precautions

For any persistent pain, painful movement or pain that is not controlled with paracetamol consult the school nurse, phone 111 or young person’s/adult’s GP. Check that any prescribed medicine does not contain paracetamol before giving any other paracetamol preparations. Ensure that the correct dose of paracetamol is administered according to the young person’s/adult’s age.

22. Medical Emergencies

Body fluids and blood borne viruses: Separate guidance is provided in Blood, Bodily Fluids and HIV/AIDS Procedure

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If a young person/adult is at risk or requires First Aid/Medical attention, staff should apply first-aid procedures if it is safe to do so, and notify a Manager as soon as possible. However, staff must not compromise or delay the process of getting medical help by doing so. If in any doubt, call medical help.

If there is a risk of serious harm, injury or staff are unable to manage safely, the police should be notified.

Staff should always assess the situation and if a medical emergency, send for medical help and ambulance.

Before assistance arrives:

- Do not move the person
- Try to clarify why the emergency has occurred
- Collect any drug samples or spillages (e.g. vomit) for medical analysis
- Do not induce vomiting
- Keep the person calm, under observation, warm and quiet

If the person is unconscious:

- Ensure that they can breathe and place in the recovery position
- Do not move them if a fall is likely to have led to spinal or other serious injury which may not be obvious unless the person is not breathing when you should get help and begin resuscitation.
- Do not give anything by mouth
- Do not attempt to make them sit or stand
- Do not leave them unattended or in the charge of another child
- Notify parents/carers

For needle stick (sharps) injuries:

- Encourage wound to bleed. Do not suck. Wash with soap and water. Dry and apply waterproof dressing
- If used/dirty needle seek advice from doctor

When medical help arrives, pass on any information available, including vomit and any drug samples.

No further action, beyond making the situation safe and attempting to confiscate harmful drugs or substances, should be taken without a senior manager's authorisation, preferably in consultation with the relevant social worker.

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23. Audit

A monthly medication audit should be carried out by a competent person to ensure stocks tally with the MAR records.

APPENDIX 1

Authorisation for the administration of non-prescribed medication form

The following non-prescribed medication may be given at the discretion of the “Person in Charge” or the School Nurse for a maximum of 48 hours as described in “Minor conditions that may be resolved

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with a home remedy” for use in the homes. The only exception to the 48 hour rule is sun cream. Following 48 hours, if there is no improvement in the condition then advice should be sought from the school nurse or the GP.

Sun Protection	Sun cream Factor 50
Mild sunburn	Calamine lotion
Cough and Sore Throat	Glycerin, Honey & Lemon cough syrup
Pain (mild)	Paracetamol suspension(sugar free)120mg/5ml Paracetamol suspension 250mg/5ml Paracetamol Soluble tablets (500mg) Paracetamol tablets (500mg) Calpol Meltlets 6+ 250mg/meltlet tablet
Urticaria (itching)	Calamine lotion Witch Hazel Gel
Dry skin	Aqueous cream E45 cream

Consent for Administration of non-prescribed medication

Name of young person DOB

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I have received information and explanations as to what the non-prescribed medication are and when they would be used.

- Suncream
- Calamine Lotion
- Glycerin, Honey & Lemon Cough Syrup
- Paracetamol Suspension (sugar free) 120mg/5ml
- Paracetamol Suspension 250mg/5ml
- Paracetamol Soluble Tablets (500mg)
- Paracetamol Tablets (500mg)
- Calpol Fastmelts 250mg/ tablet
- Witch Hazel Gel
- E 45 Cream
- Aqueous cream

I give my permission for the above to receive the non- prescribed medication as described above:

Name (please print)

Name (please sign).....

Relationship to young person/adult.....

Any further comments.....

Appendix 2

Self Medication Agreement

Revised Date: January 2019	21	Policy: ACE Medication Policy
Review Date: January 2021		Revised by: Ollie Sharp

Date of Agreement: _____

Date of Review: _____

Date of Review: _____

Name of Home: _____

Date of Review: _____

Name(s) of medication: _____

I understand that before I can be deemed competent in the keeping and administration of my own medication, the following must be agreed:-

- I am aware that a risk assessment will be completed alongside a piece of work with my keyworker to show my understanding of ordering further supplies, side effects, under dosing and overdosing of the medication.
- I will keep the medication in a secure place – either on my person or in my locked bedroom.
- I will take this medication in accordance with the prescription.
- I will not give this medication to any other person.
- I will let the staff know if I lose this medication and when it needs to be renewed.
- I am aware that this agreement will be reviewed in order to keep me safe.

Name of Young Person: _____ Signature: _____

Name of Keyworker: _____ Signature: _____

Name of Manager: _____ Signature: _____

Appendix 3

ADMINISTRATION OF MEDICATION AWAY FROM HOME

Revised Date: January 2019	22	Policy: ACE Medication Policy
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The purpose of this form is to ensure that the safe handover of medication from the home/school to the parent/guardian on home visits and when a young person/adult moves to a new placement.

This form is to be signed by Acorn staff and the staff receiving the medication in the new placement. The form will then be retained on the young person's/adult's medical file with the Medication Administration Record sheet.

Young Person/adult Name.....D.O.B.....

Date	Name, Dose, Time of Medication	Amount of medication being handed over	Care Staff signature	Adult Receiving signature

MEDICATION RETURNED TO THE HOME (i.e. liquids)

Revised Date: January 2019	23	Policy: ACE Medication Policy
Review Date: January 2021		Revised by: Ollie Sharp

Date	Name of medication	Amount of medication being returned	Care Staff signature	Adult returning signature

Appendix 4

MEDICATION ERROR/INCIDENT FORM

Revised Date: January 2019	24	Policy: ACE Medication Policy
Review Date: January 2021		Revised by: Ollie Sharp

Name of Young Person/adult.....D.O.B.....

Name of Staff.....

Name/s of Staff Witness.....

Date of Error/Incident.....

Date Reported.....

Detail of Error /Incident

.....
.....
.....

Detail of Action Taken

.....
.....
.....

Have the details been entered on MAR sheet...YES/NO.....Date.....

Have details been put on young person's/adult's file....YES/NO.....Date.....

Has Registered Manager been informed.....YES/NO.....Date.....

Was Hospital/GP notified.....YES/NO.....Date.....

Name of Social Worker notified.....Date.....

Name of Parent notified.....Date.....

OUTCOME.....

Revised Date: January 2019	25	Policy: ACE Medication Policy
Review Date: January 2021		Revised by: Ollie Sharp

.....
.....
.....

Staff signature.....Date.....

Managers signature.....Date.....

Appendix 5

Revised Date: January 2019	26	Policy: ACE Medication Policy
Review Date: January 2021		Revised by: Ollie Sharp

RECORD OF DECISION TO ADMINISTER MEDICINES COVERTLY

FULL NAME OF YOUNG PERSON/ADULT	
DATE OF BIRTH	
DATE OF FORM COMPLETION	

	ASPECT TO CONSIDER	RECORD OF RESPONSES
1	<p>Has the prescriber performed an assessment to confirm whether the patient lacks the capacity to give consent?</p> <ul style="list-style-type: none"> • Every patient should be assessed to ascertain whether he or she is capable of consenting • Assessment of a patient's capacity to consent should be subjected to continuous review 	<p>Yes / No (delete as appropriate)</p> <p>Surgery Name:.....</p> <p>Prescriber's Name:.....</p> <p>Date of Assessment:.....</p> <p>Decision recorded in medical notes: Yes / No</p>
2	<p>Is there a person available with power to consent on behalf of the patient? (Parent, Social Worker)</p> <p>Treatment may only be administered covertly with the person's consent unless it is impractical</p>	<p>Yes / No (delete as appropriate)</p>
3	<p>List the medication being considered for covert administration.</p>	
4	<p>Why is this medication necessary?</p>	

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5	Is covert administration the least restrictive way to treat the patient? (Give reasons)																		
6	Name all members of the healthcare team involved in the decision to administer medication covertly (For example healthcare professionals, carers, etc)	<table border="1"> <thead> <tr> <th data-bbox="762 421 1066 483">Name</th> <th data-bbox="1074 421 1390 483">Designation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Designation															
Name	Designation																		
7	Do any of those persons involved in the decision DISAGREE with the proposed use of covert medication? If YES , they must be informed of their right to challenge treatment	YES / NO (delete as applicable) If YES , person/ reason..... Date informed.....																	
8	How will they be administering the medication? (e.g. mixed in yoghurt, crushed in juice)																		
9	When will this need for covert administration be reviewed?	Date of planned review.....																	

Name		Signature	
Job Role		Date	

Revised Date: January 2019	28	Policy: ACE Medication Policy
Review Date: January 2021		Revised by: Ollie Sharp