



Medication Policy

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Designation	Registered Person/ Head of Care	Date	June 2016

Our Place schools recognises that caring for young people with Complex medical needs and challenging behaviour requires staff that are committed and caring.

When regarding administering medication and storing medication requires by young people with complex needs the following guidance is issued to show that Our Place wishes to recognise and support those staff while continuing to meet the needs of young people in it care however complex.

Any Mistakes made by staff who record, store and administer medication must be reported to their manager immediately. A medical opinion must be sought regarding the possible implications of any breach and this advice must be followed. Parents/Carers must be informed.

Our Place Schools has a clear disciplinary procedures in place for mistakes that have serious implications for any child/young person that they are 'looked after'. Within these procedures where appropriate there is scope for the matter to be dealt with by the more Informal Management Action rather than by the more Formal Disciplinary Process.

Our Place School will follow the same 'rules of natural justice' when investigating any failure to follow Policy and Procedure. However, if there are no serious implications the manager following the investigation will decide whether the matter is serious or can be resolved by informal action. At this stage, militating factors will be considered.

1. RECORDS and SYSTEMS FOR MANAGING MEDICATION

- A)** The registered manager is the individual who has the overall responsibility of the home. The registered manager must:
- Ensure the appropriate maintenance of records.
 - Ensure a shift planning system exists that identifies specific members of staff to be the designated person on a particular shift to maintain and oversee medication administration procedures on a day-to-day basis. All staff administering medication must be appropriately trained. (See section 11)
 - Ensure a designated health coordinator in each home maintains up to date guidance and information about medication in the home.
 - Sample medication administration records at the time of weekly audit checks.
- B)** There is a **statutory requirement** to record information on all medication in care homes. Records of current medication must be kept for all residents including those who are self-administrating. 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 to a child 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 form another home must be reordered at the time of entry into the home at least prior to the first administration. The time of first administration due must be checked on entry by the 'designated person' on a shift. The requirement is that 'all signing in' must occur within an hour of the child's admission. The information about prescribed medication must be entered in the Medication Book (signing in and out) and the medication administration record (MAR). It must be taken from the prescription labels, or authorised prescriber's written notification and cross checked against the current Consent Form and the last MAR chart completed for the child so that any difference can be accurately recorded. Any other source of medication should be noted in the Medication Book.

The record must show:

- Date of receipt.
- If known, the proprietary (trade) names and strength of medicine and dosage.
- Quantity received.
- Child/young person for whom the medication is prescribed
- Expiry date.
- Signature of member of staff receiving the medicine and second staff who also views the medicines and the instructions above and counter signs the first.

It is the responsibility of all staff to ensure that records must be properly completed, liable and current. They must be available for inspection at all times.

D) Records of controlled drugs bought into and leaving the home must be kept in a bound book or register. The balance must be checked and maintained by the designated person for signing in and out medication on that day and countersigned by a second person who sees this occurring. The Registered Manager should check the book on a weekly basis.

E) The Registered or delegated Keyworker must ensure a medication consent form is obtained from a parent with parental rights or carer or person with approved legal rights, to administer both prescribed and non-prescribed medication.

F) It is the responsibility of the Key Worker for every looked after child to ensure there is an individual health care plan in place. For each child using a respite home this is part of the Residential Action Plan. These plans must be agreed with parent and the relevant health professional. The information on medication must form part of the child/young person health plan and must include the following information

- The child/young person's name and date of birth.

- 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.
- Full details of all medicines, including the name, date perceived by whom, quantity, dose, form strength and route of administration of medicines. This includes preparation for external use.
- Non prescribed medication taken by the child/young person
- Medicines refused by the child/young person
- Date medicines were stopped and by whom.
- The medicines being administered to the child/young person
- How the young person should take medication.

G) The **medication administration record (MAR chart)** is the working document, which is signed by 2 staff, unless otherwise specifically indicated, to record the administration of medication. The record must include prescribed medication and details of any non-prescribed medication, which may be administered. The 2 previous MAR charts, medication books for prescribed and non-prescribed drugs and for persons (see section 7.1m) and this procedure for each child/young person must be held together in a folder, in a designated place at the home. All records must be available and consulted at the time of administering the medicines. An up to date photograph of the child/young person for identification purposes must be attached to the consent form and updated annually by the key worker.

Old consent forms are to be in the child's file under medical information. Current consent forms should be kept in the medication folder. The key worker should give a copy of the current consent form to the parents.

2. SELF ADMINISTRATION

When a young person is responsible for self-administering medication, a separate risk assessment and separate chart must be kept with information on the staff must:

- Discuss at a timely team meeting any actions needed to support the child or concerns relating to the self-medication risk assessment and how this is best recorded in each individual instance.
- Where the young person is 'deemed competent to be responsible for their own health' (Gillick competent) then no signatories are needed for the administration of medication.
- Record if the young person chooses to regularly inform them medication has been taken, and also note this on young person's daily record and handover sheet.
- Encourage compliance from the young person in taking medicine.
- Remind the young person at the appropriate times to take the medication.

The following steps must be taken:

- a) If a young person wishes to self-administer a particular medication, an assessment of risk must be undertaken by the designated

person on shift who will be present at the time the young person is likely to arrive at the home with medication.

- b) The health co-ordinator, or in their absence the Registered Manager will monitor the assessments.
- c) On admission to a home, written confirmation of the medication a young person is taking should be obtained by the home from the appropriate medical source. It is recommended practice that a child/young person, when admitted, should have a doctor's letter listing current medication prescription.
- d) A record should be made if medical professionals or pharmacists fail to provide the written information on request.
- e) Advice should be sought close to the point of a child's admission from the LAC nurse about their assessment of the young person's suitability to self-medicate at any stage in the future. This advice should be noted in the self-medication risk assessment.
- f) The registered manager or delegated keyworker must ensure a medication consent form is obtained from a parent with parental rights or carer or person with approved legal rights, to administer both prescribed and non-prescribed medication even where the young person is deemed competent to self-administer medication.

3. SUPPLY OF MEDICATION

- a) If any members of staff accompany young people to the GP, they should encourage/ensure the doctor prescribing the medication to write full precise instructions on the prescription.

Instructions such as 'as before or directed' should be avoided. 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 of administration.** The criteria for use of an 'as required' medication must be made clear by the prescriber.

- b) Staff must only accept prescriptions and medication, which are written for individually named children/young people.

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 person's name on.

- c) Where medication for a child/young person differs unexpectedly from that received in the past, one of the two people who signs in and out the medication for the home, and also draws up the MAR charts, must check out the accurate dosage with the parent, GP or pharmacist before administering the medication.

- d) If the medication label becomes detached from a container, becomes damaged or illegible, the advice from the pharmacist, parent, GP or hospital must be sought by the shift leader. The medication must not be used until this has been clarified.
- e) If the GP consultant changes the dose of a medication then he/she should provide written authorisation for the home. The container must then be clearly labelled by the pharmacist or GP. Home staff must not alter any information on labels of medication in any circumstance.
- f) When there is a problem with the medication as in c) or d) above, and the people identified in d) are not easily available including if a respite break means a parent has gone away, then the shift leader is authorised to achieve a safe resolution. A decision in good faith to use medication and at a particular dosage until the proper advice can be obtained should be recorded on the child's diary sheet as such.
Where the relevant managers and staff followed the above and acted in good faith in the best interests of the child or young person they will be judged to have acted responsibly. Where there is any doubt then the Manager on call should be contacted by the shift leader.
- g) Occasionally verbal orders may need to be given to home staff by a GP to either initiate or change medication. This information must be clearly recorded included the date, time and signature of the member of staff taking the call. Confirmation of this information must be requested in writing from the GP or consultant as soon as possible following contact with the home.
- h) There is limited list of non-prescription medicines (N.P.M) which are safe for staff to administer to children/young people. Staff must not purchase any other remedies. N.P.M can be purchased over the counter to treat minor ailments preferably with pharmaceutical advice. N.P.M must not be labelled for individuals if they may be administered to other children/young people. These NPM'S are commonly known as Homely remedies.
- i) All medication administered must be reordered by the member of staff administering them and that the arrival and usage of these should be recorded in the same way as prescribed medication.
- j) The medication of each child/young person must be reviewed regularly. This must be completed as part of the review of health care plan or at least on an annual basis. This must be undertaken by prescribing clinician, home staff, key worker and whenever possible the child/young person. The needs of a child/young person are continually changing and these must be taken into account at the time of review.

4. PHARMACEUTICAL ADVICE

- a) The provision of advice is important. Advice on the storage and administration of medicines must 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 Co-Ordinator must ensure that a pharmacist visits the home to provide guidance and coaching for staff about medication administration and to the procedures.

5. STORAGE OF MEDICINES

- 5.1. **Prescribed medication must** be stored in the young person own cabinet fixed to the wall.
- 5.2. **It is the responsibility of the Registered Manager to provide suitable storage.** All staff to maintain the storage system. Non-prescribed medication must be stored in a separate locked cupboard.
- 5.3. **Keys for the medicine cupboards/trolleys must be kept separate from the master key system.** Copy keys must be retained by the home in case of loss of keys. Staff on duty must ensure that they 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.
- 5.4. **Storage and management of medication for children who self-medicate.** All prescribed and controlled drugs must be stored in the homes medication cabinet. However, there may be occasions when a child/young person will request to store and administer their own medication e.g. contraceptive pill, inhalers etc. prior to permission being given. It is the responsibility of the Health Co-Ordinator or Registered Manager to ensure that the Residential Team are involved in completing a comprehensive risk assessment which will demonstrate that the individual child can do so safely without risk to self, or possible risk to others.

The registered Manager must ensure:

- The medication must be stored at all times in the individual young person's room in a small lockable drawer/cupboard.
- The door to the young person's bedroom must remain locked at all times and the young person must not allow access to their keys by any other young person.

- It is the responsibility of the young person's key/co-worker to discuss the risk assessment with the young person and to discuss possible side effects of the medication. Both the young person and key worker/health co-ordinator must sign the risk assessment.
- If the young person does not adhere to the risk assessment, the right to self-administer will be withdrawn in order to secure the health, safety and wellbeing of all young people.
- A young person who is physically unable to open medicine containers will require assistance from staff.

5.5. Cold Storage

- a) The registered Manager must ensure separate, dedicated and lockable refrigerator must be available in the home for prescribed medication requiring cold storage. This refrigerator must be used exclusively for the storage of medicines. This refrigerator must be kept locked at all times.
- b) The temperature of the medicines refrigerator must be monitored daily when in use, using a maximum, minimum thermometer, by a member of staff on the team.

5.6. First Aid Storage

First aid boxes must be provided in the home stored with the relevant equipment, which is checked regularly. Items used should be replaced promptly; any items with broken seals should not be used. The Residential Manager should ensure a designated person holds overall responsibility for checking boxes, recording contents and the date the checks were carried out.

6. TRANSFER OR DISCHARGE OF A CHILD/YOUNG PERSON

- a) If a child/young person is transferred, the young person's key worker must send the appropriate records directly to the next place of care or school. In their absence the registered manager or the health co-ordinator needs to ensure the appropriate transfer of records has occurred. A detailed record of medicines sent out with the child/young person must include:
 - Name, strength and quantity of medication, dosage.
 - Date of sending out the medication.
 - The signature of two members of staff sending the medicines out.
 - The signature receiving the medicines should be sought.

There are two exceptions to this:

1. The exception for respite homes is that medication is placed in a sealed bag with the child's belongings when going to school.

2. The exception for this children going on a planned absence away from a long stay home is that those who are able to responsibly self-medicate may sign to indicate they have received medication to take away with them where the responsible adult is not collecting the child from the home. This information must be reordered in medication book used for signing out medication.
3. Medication consent form and MAR charts must be kept on the child/young person's 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. The booking in medication book should also be kept for this period (Regulations 28 Children's Homes Regulations Chapter 3).

7. MEDICATION ADMINISTRATION

7.1. DAILY PROCEDURE FOR ALL STAFF WHO ARE ADMINISTERING MEDICATION

Both staff designated with the dual control responsibility of medication administration must

- a) Check identity of the child/young person.
- b) Check the child/young person's MAR chart, check the child/young person's name and medication dosage instructions, noting any recent changes to medication and ensuring that the medication has not already been administered.
- c) Identify the appropriate medication. Check the label and record match the medication consent form and most recent MAR chart for the child. If there is a discrepancy check with the members of staff on duty, and the pharmacy of G.P. or parent before administering the medication to the child/young person.
- d) Administer the medication following the correct prescribed instructions for controlled and non-controlled medication and non-prescribed medication.
- e) The MAR chart must be initialled by the person administering the medication immediately after the medication has been given and co-signed by a witness. Both staff need to confirm that the appropriate dosage has been measured and 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 must be evidence of this on the child's file and medication record.

- h) Any adverse medication reactions must be reported to the appropriate community pharmacist and parent, and discussed before further administration of the medication in question.
- i) Where the medication is not required to be given on a regular basis and can be administered when required, or where necessary, this information must be reordered on the MAR chart.
- j) All staff administering medication must have successfully completed the home induction regarding medication.
- k) All staff administering medication must have read and be conversant with the Our Place School Medicine Policy.
- l) Where a parent or an authorised other medical or nursing practitioner administers the medication in the home, then they should be asked to initialled signatories of authorised persons administering medication. If they do not so, then the staff member observing the administration must initial the MAR chart and indicate they have observed a named authorised person administering the medication on the homes records.
- m) Each home must keep the record of signatories in the medication folder where the other current medication records are held.

7.2. GUIDELINE FOR ADMINISTRATION OF MEDICATION including where a lack of cooperating exists.

- a) Medication must be administered strictly in accordance with the prescriber's instructions.
- b) The registered manager must ensure medication must be used for social control or punishment.
- c) The child/young person's Key Worker/Co Worker must ensure any problems about the medicines given to a child/young person are discussed with the GP. All staff should recognise it is in an individual's right to refuse medication and although steps should be taken to explain the importance of taking prescribed medication, a record kept in the child/young person's individual medication record. The detail must include the date, time, when reported and to whom and any advice given.
- d) On occasions, a young person may visit a GP/Health Practitioner without informing care staff. If staff suspect that a young person may have been prescribed medication, they must:
 - 1) Encourage the young person to share the information in order to enable staff to assist them.
 - 2) Assess the potential risks to other YP/Children

- 3) Liaise directly with the relevant GP or CLA nurse.
 - 4) Inform the child/young person's social worker.
- e) If a child/young person does not fully understand the consequences and implications of refusing medication/medical treatment, the shift leader must inform the GP responsible for their treatment.
 - f) Where difficulties 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 dispensation of the medication and follow the appropriate recording procedures.
 - g) Keyworkers should ensure that an annual review of a child/young person's medication is carried out by the GP and this information fed back to the team.
 - h) Medicines must always be stored in their original containers bearing the pharmacist label and must not be decanted into other bottles or containers.

7.3. NON PRESCRIBED MEDICATION BELONGING TO THE HOME

It is the responsibility of the registered manager and all home staff to ensure:

- a) Non-prescribed medication must be stored in a securely locked cabinet. Keys must not be accessible to children.
- b) Non-prescribed medication must be stored separately from prescribed medication and controlled drugs.
- c) A medication book showing non-prescribed and first aid medication administration must be maintained by the home. It should contain the following information:
 - What is being stored i.e. cough remedies, paracetamol, calpol, indigestion remedies, and creams for milk skin conditions.
 - A record of the date of purchase and signing into the home 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.

- Two staff members must sign the record to say the drug has been administered.
- A designated member of staff must keep regular records of checks on 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 and should seek medical advice where symptoms persist.

7.4. AROMATHERAPY

- a) Staff must not undertake aromatherapy session with a child/young person unless they have a form qualification in Aromatherapy and it is approved by the manager and parent that they do so.
- b) Any child/young person using aromatherapy products must have the information reentered on their residential action plan/Health Care Plan.

The information must include:

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

All staff must be aware of all information regarding any aromatherapy products used within the home. All staff should encourage the child/young person to inform them if they intent to use aromatherapy oils/products etc. within their own room.

7.5. HOMEOPATHIC REMEDIES AND VITAMINS

- a) Any child/young person using homeopathic products must have the information reentered on their residential action plan/health care plan. Daily medication procedures and records described above should be maintained for this form of medication.

The information on file must include:

- Name of product
 - Frequency of use of product
 - The benefits of using homeopathic remedies
 - Any possible known side effects or contradictions
- b) Staff must seek advice from the child/young person's GP or a pharmacist if they are unclear about possible contra-indications regarding the use of homeopathic remedies.

- c) All medication in this section should be reordered and administered in the same way as any other type of medication outlined in above sections of this procedure.

All staff must be aware of all information regarding homeopathic remedies used by a child/young person. All staff should encourage the child/young person to inform them if they intend to use homeopathic products within their own room.

7.6. HOLIDAY OR LEAVE MEDICINES

If a child/young person is going on holiday or leave, the child/young person's original dispensed medicines or separately dispensed supply of medicines must be used. Medication must not be placed envelopes or other types of containers. Any medicines leaving or entering the home under these circumstances must be appropriately recorded in the signing in out and out medication book. (Signing in and out)

7.7. RESPITE CARE

- a) Details of all medication must be obtained prior to a child/young person's first period of respite care.
- b) A medication consent form must also be signed by one or both parents or legal guardians prior to the first period of respite. This should specify the type of medication prescribed and non-prescribed, plus any details of how it should be administered.
- c) Any changes to medication must be notified to home 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, then the child/young person's parents and/or GP must be contacted to confirm the details are correct before completing a MAR chart. Where changes in medication occur, or half bottles with incorrect instructions repeatedly arrive, the shift leader must ensure that a letter is sought from the source prescriber. The source prescriber must be made aware of the requirements of the registered home.
- e) Staff must ensure parents are aware that enough medication is sent to the home for each child/young person's period of respite care.
- f) Details of a child/young person's health needs and medication must be evident in the health section of the Residential Action Plan. Reviews and updates must be carried out at least monthly by the child's Key Worker.
- g) For small numbers of children with high complex health needs indicative of multiple medications, then the parent, relevant health worker, registered manager and keyworker must complete a risk assessment together showing

a greater level of detail than usually expected about actions to be undertaken in each eventuality. This risk assessment should result in a mutually agreed health care plan that is reviewed by the key worker or an assistant manager with parents prior to each stay. The jointly agreed plan by reviewed together with health professional and parents at a mutually agreed frequency. This can be a telephone review.

- h) Where a non-resuscitation policy is requested by a parent, the written record of this, agreed by at least 1 medical practitioner, should be held on file. The Registered manager must ensure specialist advice on how to handle the implementation of the policy is made available to the staff team.
- i) Persistent difficulties and unmanageable parental information about proper medication information that puts a child's health at risk may result in a short break service being discontinued until appropriate measures are in place and approved by the registered manager.

8. INASIVE PROCEDURES, AROMATHERAPY AND HOMEOPATHIC

8.1. Gastrostomy/Mic-Key Tube Feeding

- a) The Registered Manager must ensure all staff are trained on gastrostomy feeding before undertaking any tasks. The procedures must only be practiced following full and appropriate training by professional medical/nursing staff from the appropriate training by professional medical/manager must ensure annually all staff attend a refresher training by an appropriately qualified health professional.
- 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 and emergency contact numbers.
- c) Individualised arrangements for each child should be detailed as necessary as outlined above. The home may keep general information available but staff must always ensure the individualised arrangements suitable for each child are in place. Prescribed water for tube feed should be on the MAR charts with specific amounts indicated.
- d) The Registered Manager must ensure a risk assessment on tube feeding must be present on the general risk assessment file and on individual children's files.
- e) The Registered Manager must ensure that no members of staff attempts to replace a gastrostomy mic key tube. Medical advice must be sought immediately. The gastrostomy tube must be replaced as soon as is practically possible, within a 2 hour period.

8.2. Rectal Diazepam and Midazolam

- a) The Registered Manager must ensure that the procedure of administering Rectal Diazepam and Midazolam may only be practice following full and appropriate training by professional medical/nursing staff from the appropriate health authority. The Registered Manager must ensure that annual refresher training is attended.
- b) The procedure must be used in conjunction with the children's residential action plans/health care plans and risk assessment, which must clearly identify the procedures and emergency contact numbers. All children that are likely to experience fits should be subject to close review as identified in 6.7 above.
- c) The Registered Manager must ensure that a risk assessment on Rectal Diazepam and Midazolam must be present on the general risk assessment file on individual children's files.
- d) The Registered Manager of child/young person's keyworker must ensure that parents have completed an epilepsy questionnaire and medical consent form authorising staff to administer Rectal Diazepam or Midazolam.

8.3. 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.

9. DISPOSAL OF MEDICINES

- a) The Registered Manager must ensure that medicines which have been dispensed for individual children/young people are their property and must be given to the resident on discharge, or must be returned to the pharmacy or dispensing general medical practitioner with the consent of the resident or a relative. They should never be used for other children or young people. When medication is given to a young person/child on discharge, this must be recorded in the young person's/child's medication record.
- b) Care must 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.

Medicines should be dispensed of in the following cases:

- I. When the expiry date is reached

- II. When a course of treatment is completed or discontinued
 - III. When a child/young person for whom they are prescribed dies. In such cases, the medicines should be retained for seven days following 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 properly ingested by the resident, it should be kept by the person in charge in a separately labelled container and then returned to the pharmacy for safe disposal.
- c) Under no circumstances should unwanted medicines be disposed of by staff in the home. Outdated and unwanted medicines must 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.
 - d) The return to the pharmacy for disposal should be authorised by the Registered Manager, who will also be responsible for ensuring that the appropriate records are kept.
 - e) The record of disposal must include:
 - The young person/child's name
 - The name, strength and quantity of medicines
 - The date of return
 - The signature of the member of home staff returning the medicine, with a counter signature
 - f) The Registered Manager must ensure that:
 - I. Controlled drugs are disposed of by returning them to the pharmacist.
 - II. All returns must be reordered in the controlled drugs record and a signature of receipt obtained from the pharmacy.

10. DRUG INFORMATION

- a) **Staff and residents should have access to patient information leaflets and other information at an appropriate level. Staff should contact the community pharmacy when additional information is required. Health coordinators are responsible for maintaining up to date information in the home.**
- b) A current copy of the British National Formulary should be available in the homes for reference.
- c) Hazard Notification and Drug Alerts: The community pharmacist should notify the home of any drug alert or recall appropriate. Homes should keep a record of any action taken.

11. STAFF INDUCTION, TRAINING AND CONTINUING PROFESSIONAL DEVELOPMENT.

11.1. All staff must as part of the home induction be instructed and checked on their understanding of the procedure for:

- Storing medication
- Administering medication
- Recording medication
- Ordering repeat prescriptions
- Recording medication information on children's health care plans and parental consent.
- Managing specific conditions experienced by residents. Guidance on this should be provided during a staff member's probationary period by the relevant health professional if necessary.

11.2 All staff should be able to outline at the end of their health oriented induction and thereafter the following information:

- The reasons why medication has been prescribed for children resident at the home.
- How long the medication must be taken for each child
- Any possible side effects and how to respond appropriately
- Any contradictions regarding the medications
- Correct recording and storage instructions
- What to put in to the health section of a Residential Action Plan
- How to complete a risk assessment that should be used in a plan to manage a child's medication or invasive care needs.

The designated health coordinator in the home should play an active part in any new staff member's induction in pointing them towards relevant sources of information and best practice.

11.3 Staff must have their understanding checked by their supervisor about information on any current procedures for the management of medicines within the home before the end of their probationary period as required by the registered manager thereafter.

11.4 Review and evaluation of staff performance in relation to the medication procedure and associated other policies or procedures should occur through probationary period and 6 monthly appraisal process where necessary. Any particular training needs should be identified and recorded in supervision and relevant training accessed.

11.5. The Registered Manager should ensure that those **staff administering medicines are responsible, competent and trained**. Two staff are required: One to administer medication and one to act as witness.

The administration of non-prescribed medication i.e. homely remedies and homeopathic remedies should be included in training.

11.6. All staff should attend an annual detailed team discussion about this procedure. This should include types of medication being used in the home and probable effect on children. Any staff member who is uncertain about specific aspects of the policy, supervision and in this annual opportunity for detailed discussion.

11.7. An annual medication audit in all homes will be undertaken by an independent professional recommendations and results will be given to the registered manager in order to ensure practice continues to improve following each audit.

11.8. A trained pharmacist should review home procedures and discuss medication issues with the team annually.

11.9. All staff training should be documented and records held in the registered home. This needs to clearly identify initial training and refresher training dates. This record should be maintained by the health co-ordinator and initiated by the Registered Manager.

11.10 Staff should be trained in:

- The use of First Aid. A one-day course covering First Aid for children must be undertaken. A first aider must be on shift at all times.
- Safe handling of medication
- Health and safety medication
- Specialist guidance on particular drugs that are regularly used by residents e.g. epilepsy training, tube feeding
- Refresher training

The above training should occur with the frequency required by National Minimum Standards, health and safety policies and any other regulatory requirement.