

Physis- a Greek word meaning the natural energy for growth, change and development...



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Treatment and Administration of Medication Policy



Physis Quantum is a specialist provider of exciting and innovative services to
Children



Index

1. **Introduction**
2. **Scope of the Policy**
3. **Prescribed Medication**
4. **Controlled Drugs**
5. **Home Remedies and Over the Counter Medication**
6. **Administration of Medication**
7. **Storage of Medication**
8. **Stock Checks**
9. **Disposal of Medication**
10. **First Aid**
11. **Skilled Health Tasks**
12. **Recording**
13. **Emergency Health Care**
14. **Psychiatric Emergencies**
15. **Schedule 5**

φύσις

1. Introduction

- 1.1 This policy document is intended only for the use of the employees of Physis Quantum and should be treated as confidential.
- 1.2 Distribution outside of Physis Quantum should only occur with the written consent of the CEO.
- 1.3 All Physis Quantum employees are expected to read this policy and their understanding of this policy will be assessed during the Induction Process, regularly during Supervision, and during mandatory training events.
- 1.4 Employees will be expected to abide by and work within this policy framework at all times, both during and after their employment, as stipulated in their Contract of Employment.
- 1.5 This policy was last revised on 13th January 2015 and it will be reviewed bi-annually and/or in accordance with changes in company structure, relevant legislation and guidance.

2. Scope of this Policy

- 2.1 The Children Act 1989 and the National Minimum Standards for Children's Homes 2011 both have the overall aim of helping to safeguard children and young people's health when there is a need to administer medicines or first aid treatments.
- 2.2 The legislation gives clear direction about the administration and recording of all medication and minor first aid treatment given to children and young people.
- 2.3 It is also important to acknowledge that all medicines are potentially dangerous and Physis Quantum can be – and is ideally – a busy and exciting place that indicates that particular care must be taken to administer medication safely and to accurately record any medication and first aid that is given.

Treatment & Administration of Medication

2.4 This policy relates to all the children and young people placed at **Physis Quantum** and assumes that consent to administer medication / first aid /home remedies has been obtained from a parent or person with parental responsibility¹ for the child or young person as recorded on their Placement Information Record.

3. Prescribed Medication

3.1 If a child or young person is taking prescribed medication at the time of their admission to **Physis Quantum** their social worker must inform us what medication they are taking, the reasons why, and ensure that a supply of medication is provided in the original container clearly marked with the child or young person's name, the dosage and when the medication should be given.

3.2 If the staff team have any concerns about the medication, or require clarification about the dosage, they must contact the child's GP for advice.

3.3 Before the placement commences, and dependent upon the child or young person's age and level of understanding, a risk assessment must be carried out by their social worker in consultation with the child, his parents and the staff team at **Physis Quantum** to ascertain

¹ Parental Responsibility means all the duties, powers, responsibilities and authority which a parent has by law in relation to a child. Parental Responsibility diminishes as the child acquires sufficient understanding to make his or her own decisions.

Treatment & Administration of Medication

whether the child or young person should retain and administer his own medication. If the child or young person is permitted to do so, the arrangements must be clearly set out in the child's Placement Plan.

!

3.4 If a child or young person is prescribed medication during their placement at **Physis Quantum**, the staff team will collect the prescription from the doctor's (preferably with the child or young person at the time of the appointment) and ensure that the medication is collected promptly from the pharmacy.

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

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3.6 Appropriate advice should be sought regarding and possible side effects, or any food / other medication that may affect the effectiveness of the prescribed medication.

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Treatment & Administration of Medication

3.7 The member of the staff team collecting the medication should always ensure that they clarify with the pharmacist whether the prescribed medication is categorised as a 'controlled drug' – for example, Ritalin.

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3.8 Wherever possible, members of the staff team should request pre-packed medication rather than loose tablets in a bottle.

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3.9 All prescribed medication should be kept in its original containers, clearly marked with the name of the child or young person for whom it has been prescribed and they should only be given to the named child or young person as prescribed and set out on the container.

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3.10 All children and young people using inhalers should have a written protocol from the prescribing doctor detailing how they should be administered. All inhalers must be labelled with the child or young person's name. Risk assessments must be in place to indicate a child or young person's capacity and capability to use their inhaler. Regular support via reviews and asthma clinic's must be made available to the child or young person.

!

4. Controlled Drugs

4.1 **The Misuse of Drugs Act, 1971** classifies controlled drugs into classes A, B and C. Controlled drugs are included in each of the classes according to the potential for harm they are thought to present to individuals and to society at large.

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4.2 When a child or young person is prescribed --- or is currently taking a controlled drug on admission to Physis Quantum – the controlled medication must only be supplied for the child or young person indicated on the container.

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4.3 The controlled drug must be kept in a locked container within a locked medicine cabinet in a location agreed by the registered manager and provided by **Physis Quantum**. No other location will be acceptable.

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4.4 The registered manager will be responsible for ensuring that no more than a 28 day supply of any controlled medication is kept at any time.

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4.5 When administering a controlled drug two trained members of the staff team must be present --- unless it has been clearly agreed, and recorded in writing on the child or young person care plan, that one person may administer the controlled medication --- or

that the child or young person may administer the drugs himself.

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4.6 On every occasion the controlled medication is administered, the remaining balance of the medication should be checked and recorded by the members of the staff team administering the drugs.

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4.7 As with all medicines that are no longer needed the unused controlled drug should be returned to the pharmacist and a certificate of disposal obtained and recorded.

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5. Home Remedies and Over the Counter Medication

5.1 Home remedies are any non-prescription medication available over the counter in community pharmacies. This also refers to homeopathic and herbal remedies. These treatments are used for minor ailments without immediate consultation with a medical practitioner.

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5.2 **This does not include aspirin which may not be given to child or young person unless prescribed by a medical practitioner.**

5.3 Home remedies can be only be given to children and young people by members of the staff team when written parental consent has been obtained. In some cases the child or young person's parent may request

that the GP's consent should be sought before any home remedies are administered.

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5.4 These issues should be discussed at the time of the child or young person's placement and set out in the child or young person's Placement Plan / Placement Information Record.

!

5.5 Checks should be made, where possible, with the child or young person's doctor and parents to ensure that the child or young person has no record of an allergic reaction to any home remedies, or that any possible adverse reactions are known to exist between home remedies and any regular prescribed medication the child or young person may be taking.

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5.6 The use of home remedy treatments should not be extended beyond two days without seeking medical advice.

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5.7 **In the case of Paracetamol, medical advice should be sought after 24 hours, if the symptoms persist beyond this period.**

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5.8 **Physis Quantum** will have an agreed list of home remedies that can be bought over the counter from a named local pharmacy that can

be contacted to provide pharmaceutical advice to the staff team at **Physis Quantum**.

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5.9 Advice should always be sought from the pharmacist about any potential interactions between the home remedies and any prescribed medications the child or young person may be taking. Children and young people should not be administered both prescribed and non-prescribed medication unless a written, signed consent has been obtained from the child's GP that it is safe to do so.

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5.10 The use of complementary or alternative remedies should only be undertaken following a documented discussion and agreement with the child or young person's social worker.

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5.11 All home remedies must be administered in accordance with the manufacturer's advice on dosage and possible side effects.

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5.12 Each child or young person will have their own personal record which indicates any home remedies which have been administered.

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5.13 Any home remedy purchased by **Physis Quantum** will be recorded and stored safely in a locked cabinet unless it has been clearly agreed that a child or young person may

retain their own medication in which case they should be stored in accordance with the agreed arrangements.

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5.14 All non-prescription medication must detail when the medication was opened/started to ensure it is not kept it beyond the expiry period.

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5.15 Following consultation with a pharmacist, if a home remedy is purchased for a specific child or young person, a label should be put on the container clearly highlighting the child or young person's name. This medication must not then be used by anyone else at **Physis Quantum**.

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6. Administration of Medication

6.1 Self administration by children and young people.

6.1.1. At the start of a placement, in consultation with the child, his or her parents and the staff team --- the child or young person's social worker should assess whether the child or young person may retain and administer his own medication.

!

6.1.2. If the child or young person is permitted to do so, the arrangements must be set out in the child or young person's Placement Plan / Placement Information Record and reviewed regularly, including suitable

arrangements for the storage of the medicines and recording by the child or young person of when he administers the medication.

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6.1.3. Although it may be deemed inappropriate for some children and young people to hold their own medication, they should be encouraged to be proactive in taking responsibility for their health needs unless clearly identified as inappropriate, for example, asking for medication or booking health appointments.

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6.1.4. Risk assessments must be completed that indicate safe strategies – and the issues to be considered should include:

- Does the child or young person understand the importance of taking the medication regularly and at the correct time?
- Can the child or young person safely store the medication?
- Is the child or young person cooperative with members of the staff team?
- Could the medication be taken and used by other children and young people at **Physis Quantum**?
- Does the medication have value if sold illegally?

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

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6.1.6. If there are concerns that a child or young person is not managing his medication appropriately there should be a review of these arrangements.

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6.1.7. If members of the staff team are unsure of assessing a young person's competency in this area further advice and guidance should be sought from one of the following health professionals:

- Designated Nurse (Looked After Children).
- Practice Nurse at child or young person's Health Centre/GP practice.
- G. P. for the child or young person.

!

6.2 Administration by Members of the Staff Team

6.2.1. When administering medication the following procedures must be followed:

- All medicines should be administered strictly in accordance with the prescriber's instructions or, in relation to home remedies, as advised on the packet.
- Children and young people should not be administered either prescribed and non-prescribed medication unless signed consent has been obtained from the child's GP that it is safe to do so.
- **Aspirin must not be administered to a child unless prescribed by a GP.**
- All children must have an up-to-date medical record sheet for each prescribed/non prescribed medication.

- The staff team member responsible for administering medication to a child or young person must be trained in the safe administration of medication.
- When removing the medication from the locked cabinet, the staff team member must ensure that the cabinet is locked if it is left unsupervised.
- All medicines should be administered from the container in which they were dispensed.
- If prescribed medication with an expiry date is administered, the staff team member should clearly record on the container the date opened --- and the expiry date of the medication must be checked before administration on each occasion.
- Before administering any medication, a check must be made that the correct name of the child or young person is on the medication container, and the records must be checked to ensure that the medication has not already been given/taken. This will clarify that the medication being administered is correct.
- All of the above steps should be double checked by a second member of staff. Any situation in which a second member of staff is not present must be risk assessed and recorded in advance of that situation occurring.
- The required dose should be given directly to the child or young person and the staff team member administering the medication must ensure that it has been taken.
- Once administered, the remaining medication must be returned immediately to safe storage.

- A check should be made to see whether the course has been completed.
- The administration of the medication should be recorded on all the appropriate records.
by both members of staff

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6.2.2. If medication is refused, or not taken by a child or young person, this must be recorded --- clearly explaining the reason given for refusal.

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6.2.3. If a child or young person is refusing to take an essential prescribed medication,

Project Manager must be informed and advice sought from the GP/Pharmacist.

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6.2.4. If a child is absent when a medication is due --- this should also be recorded.

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6.2.5. When the course of medication has been completed, this must be also recorded.

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6.2.6. In the case of prescribed creams being applied, the cream should be squeezed directly onto the child or young person's finger so that they may apply this to themselves.
If the cream has to be applied by a member of the staff team, latex gloves should be worn.

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6.2.7. In the event of an error being made in the administration of any medication immediate advice should be sought by either contacting the child's G.P., or another medical practitioner, or NHS help line.

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6.2.8. Any adverse drug reaction or suspected adverse drug reaction should be reported to the

GP before further administration is considered.

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6.2.9. If a label becomes detached from a container or is illegible, the prompt advice of the pharmacist who dispensed the medication must be sought – and the container should not be used until appropriately re-labelled.

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**6.3 Procedure for the Administra,on and Recording of
Medica,on during ,me away from Physis Quantum**

- 6.3.1. When children and young people are away from **Physis Quantum** for an extended period, for example, on holiday – the staff team should take the child or young person 's medical details, along with medica.on administra.on sheets, and some addi.onal blank record sheets in case the child or young person should be taken ill whilst away and require addi.onal medical aNen.on, prescribed medica.on or home remedies.

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- 6.3.2. Medica.ons must be transported in a secure locked container.

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- 6.3.3. If a child or young person spends .me away from **Physis Quantum**, either on home visits, holidays or .me spent at school, any medica.on

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due to be taken should be kept in the original container with the exact number required for that period. It should not be transferred to another container or envelope.

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6.3.4. If the medicine is to be taken away from the home, a separate clearly labelled container of medicine should be requested from the pharmacist. Any medica.on taken away from the home should be recorded.

!

6.3.5. If a member of the staff team is not directly administering a child or young person's medica.on whilst they are away from **Physis Quantum**, clear wriNen instruc.ons and guidance should be handed over to the person who will assume this responsibility.

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6.3.6. The medica.on should only be handed ov
to someone clearly iden.fied as responsible
for the child young person while they are av
Should a child young person return to **PI**

Quantum with new or unused medica.on and all
appropriate records must be completed.

7. Storage of Medica,on

7.1. All medica.on will be stored in a
locked cabinet that is secured to a
wall in the staff office and kept below 25°C.
A thermometer must be kept in the
locked cabinet and daily temperature recordings
made. A thermometer similar to those used
to record Fridge temperatures is appropriate.

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7.2. All medica.on will be kept in this locked
cabinet unless the child or young person's social
worker has agreed, following a risk

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assessment, that the child or young person may retain and administer his own medica.on --- in which case the medica.on must be stored in line with the risk assessment.

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7.3. The senior member of staff on duty will retain the shiW key to the cabinet.

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7.4. Should a child or young person's medica.on require to be kept in a refrigerator, a small lockable fridge should be used for the exclusive use of the storage of this medica.on. The staff team will ensure that the temperature of the fridge is checked daily and recorded.

!

7.5. The staff team will ensure that any medica.on for external applica.on will be

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stored separately in the locked cabinet from
medica.on to be taken internally.

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7.6. Staff must ensure that medica.on is used
sequen.ally, that is, full strips are completed
before star.ng a new one, etc.

!

8. Stock Checks

8.1. At least once a month, a stock check
will be undertaken by the registered
manager, of all the prescribed medicines
and home remedies kept at A *service* ---
including those which a child or young person
retains and administers himself.

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8.2. Any prescribed medica.on and/or home remedies no longer in use or out of date must be disposed of appropriately.

9. Disposal of Medica,on

9.1. Prescribed medica.on and home remedies should be disposed of when:

- The expiry date has been reached.
- The course of treatment is completed.
- A medical prac..oner stops the medica.on.

!

9.2. All medica.on to be disposed of should be recorded.

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9.3. Wherever possible, all medica.on (both prescribed and homely remedies) should be disposed of at a pharmacy.

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9.4. Medica.on should not be disposed of in other ways unless agreed with a pharmacist.

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9.5. The staff team at **Physis Quantum** have a record of the preferred pharmacy to be used, including their name, address and telephone number.

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9.6. **Controlled medica,on can only be disposed of at a pharmacy.**

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9.7. In all cases where medica.on has been taken to a pharmacy for disposal, this must be recorded, and a receipt obtained from the pharmacist.

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

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9.9. In the event of a child or young person dying whilst in the placement, the home must retain any medica.on the child or young person was taking prior to or at the .me of his death in order that it can be made available to the coroner.

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10. First Aid

10.1. A fully equipped first aid box is kept at each service and in each vehicle used to carry our children and young people. The registered manager at *each service* will ensure that suitable arrangements exist for the contents of these first aid boxes to be checked in line with the Stock Checks indicated above.

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10.2. These first aid boxes must will have a white cross with a green background and contain an inventory clearly lis.ng the quan.ty of each item in the box.

!

10.3. Children and young people at **Physis Quantum** may administer their own first aid only if they are considered to be capable of giving first aid to themselves and have achieved a suitable first aid certificate --- or do so under the supervision of a member of the staff team who is qualified in administering first aid. Permission to self-administer first aid will be confirmed in the child or young person's Placement Plan / Placement Informa.on Record using the procedure iden.fied above in rela.on to self-administra.on of medica.on.

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10.4. If a child or young person is deemed not to be capable of giving first aid themselves, or under supervision, it must be administered by a member of staff team who is qualified in administering first aid.

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10.5. Other than for very minor injuries, professional medical attention must be sought as soon as possible following the administration of first aid – by either taking the child or young person to see a medical practitioner or seek advice by telephone – even if the child or young person’s condition appears to improve.

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10.6. In the event that a child or young person requires administration of first aid, a record of this will be made.

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10.7. If an accident occurs it must be reported and recorded.

!

11. Skilled Health Tasks

11.1. If a child or young person requires a skilled health task to be undertaken, this will only be undertaken with the written authorisation of the prescribing doctor,

specifically in rela.on to the child or young person concerned.

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- 11.2. Where indicated, appropriate training will be secured for members of the staff team to ensure that they have the necessary level of knowledge, skills and experience before undertaking such du.es.

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12. Recording

12.1. The following records will be kept:

- First Aid will be recorded in a First Aid Record Log.
- Prescribed medicines, home remedies and controlled drugs will be recorded in the Medica.on Log Book
- Each administra.on of medica.on will be recorded on a Record of Medica.on Administra.on Sheet or other record authorised by a pharmacist or medical prac..oner.
- The storage or stock checking of medicines and controlled drugs will be recorded in the Medica.on

Log Book or as required and / or agreed by
a pharmacist or medical prac..oner.

- The disposal of any medica.on will be recorded in the Medica.on Log Book.
- Where children and young people are permiNed to retain and administer their own first aid, home remedies or prescribed medica.on --- suitable arrangements will be made for the recording by the child or young person of when he administers the medica.on and members of the staff team will record instances where this occurs in the child or young person's Daily Record.

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13. **Emergency Health Care**

13.1. In the event of a sudden illness or injury, it is the responsibility of the staff team to take whatever ac.ons necessary to minimise further harm to the child, young person or colleague and to facilitate access to the appropriate medical interven.on as soon as possible.

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13.2. In the case of a medical emergency, staff should act appropriately in accordance with their child or young person. This may mean First Aid delivery in house, taking the child to the local Accident and Emergency Department, the GP or an ambulance via 999.

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13.3. The overriding principle should always be 'safety first' and 'do no harm'.

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13.4. All incidents requiring emergency medical care must be detailed in an incident report.

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13.5. A copy of the report must be sent to the relevant placing social worker.

!

13.6. Where appropriate, the registered manager will report the incident to the relevant inspector at Ofsted, as detailed in Schedule 5 of the Na.onal Minimum Standards for Children's Homes (2011). Please see Schedule at the end of this document for reference.

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13.7. In the case of a serious medical emergency arising outside of normal office hours the on-call manager should be notified immediately.

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13.8. If the medical emergency requires immediate intervention/hospital admission, the person holding parental authority should be notified at the first possible opportunity.

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13.9. The placing authorities 'out of hours' and/or the child or young person's social worker should also be notified at the first possible opportunity.

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13.10. In the case of a medical emergency arising with a member of the staff team on duty the above same principles and guidelines should also be followed.

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13.11. The On-call manager and their next of kin should be notified immediately.

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14. Psychiatric Emergencies

14.1. It is possible that the emotional crises experienced by some of the children and young

people at **Physis Quantum**, prior to their admission, can result in a range of mental health issues, psychiatric symptoms and/or behaviour that resemble psychiatric illness.

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14.2. In some cases there may be a re-occurrence of previously recorded symptoms that have been treated elsewhere. There may also be new symptoms exhibited.

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14.3. The difference between presenting behaviours that can be associated with anxiety, trauma and stress can be difficult to superficially differentiate from recognised psychiatric conditions and a high degree of knowledge, skill and experience is needed to undertake such diagnoses. It is not the role of Physis Quantum – or anyone employed there – to make such judgements.

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14.4. Therefore, in deciding whether or not a child or young person's behaviour constitutes

a psychiatric emergency, and therefore warrants
immediate treatment the following principles should
be applied.

- Are the behaviours displayed such that the child or young person presents an immediate danger to themselves and/or others?
- Are the behaviours displayed a ra.onal, albeit extreme, reac.on to circumstances --- or do they appear irra.onal and unlikely to respond to conven.onal, skilled and appropriate interven.on by members of the staff team?
- Does the child or young person appear aware of their surroundings in .me, place and person --•or do they appear 'disconnected' with reality and insensi.ve to interven.on?
- Does the behaviour fit in with previous paNerns of behaviour?

14.5. If the circumstances are clear that a psychiatric emergency may have arisen, the staff team must liaise with the Clinical Team and must no.fy the on---call manager for advice, guidance and support if the emergency occurs outside of normal working hours.

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14.6. The appropriate course of ac.on is to no.fy the GP and ask them to visit (clearly explaining the circumstances). In circumstances that require immediate interven.on it may be necessary to contact the police.

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14.7. The police have the ability to exercise powers defined in the Mental Health Act 1983 where appropriate in circumstances where a person, for reasons of apparent psychiatric disturbance, presents a threat to themselves and/or others as a result of this disturbance.

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14.8. A GP --- or any other suitably qualified medical prac..oner --- has the right, if necessary, to administer emergency treatment without the consent of the child or young person if the circumstances are as such that they present a serious risk to themselves or others. A suitably qualified medical prac..oner can also compulsorily detain a person in hospital under

the Mental Health Act 1983 – but this applies only
in the most serious emergencies.

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Schedule 5 Events

Event:

To be notified to:

HMCI Placing authority **Secretary of State** **Local authority** **Police Health authority**

Death of a child accommodated in the home	yes	yes	yes	yes	yes
Referral to the Secretary of State pursuant to section 2(1)(a) of the Protection of Children Act 1999(1) of an individual working at the home	yes	yes			
Serious illness or serious accident sustained by a child accommodated in the home	yes	yes			-
Outbreak of any infectious disease which in the opinion of a registered medical practitioner attending children at the home is sufficiently serious to be so notified	yes	yes			yes
Allegation that a child accommodated at the home has committed a serious offence		yes			yes
Involvement or suspected involvement of a child accommodated at the home in prostitution	yes	yes		yes	yes
Serious incident necessitating calling the police to the home	yes	yes			
Absconding by a child accommodated at the home		yes			
Any serious complaint about the home or persons working there	yes	yes			
Instigation and outcome of any child protection enquiry involving a child accommodated at the home		yes			

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Treatment

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Administra.on
of
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Private
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Confiden.al

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