

Policy for the Control and Administration of Medicines

Purpose

The policy seeks to formalise the management of medicines within the foster home and reflect the requirements of the National Minimum Care Standards.

The Fostering Services (England) Regulations 2011, regulation 35 and schedule 6 require the Fostering Managers to *'monitor the medication, medical treatment and first aid administered to any child placed with foster parents.'*

The Fostering Services National Minimum Standards 2011, Standard 6.7, 6.8, 6.9, 6.10, and 6.11 set out the expectations of Foster Carers in relation to training, guidance, storage of medicines, administration and recording of medicines required by children in their care.

The NICE guidelines (NG 67) published in March 2017, 'Managing medicines for adults receiving social care in the community,' offers good practice guidance, some of which translates to working with children in foster care.

Foster carers are not expected to be medical experts however, they are expected to act as any reasonable parent would. Where children are placed in public care there is the dual responsibility to keep the child safe and healthy, while also giving clear guidance for foster carers that allows them to practice within a safe care environment and which does not place them in a vulnerable position.

Medication overview and good practice principles

Principles of good practice in relation to medication

- Foster carers may only administer medication to children where there is written consent from the person/people who hold the parental responsibility for the child in foster placement. Each placement should therefore have a current placement plan in place which includes arrangements for delegated authority.
- Medication should be administered strictly in accordance with the prescriber's instructions
- The label on the medication container supplied by the pharmacist must not be altered under any circumstances
- Medication must be used only for the person for whom it is prescribed
- Medication should not be used for social control or punishment
- Liquid medications should not be mixed together in one pot
- Where over the counter medication is required, it should be sought via the direction of the pharmacist
- There should be written into the child's placement plan a list of medication required by the child, and referred to by the foster carer
- Unwanted medication is disposed of safely, in accordance with the manufacturer's guidance

- Disguising or hiding medication in food or drink (covert administration – without the child’s knowledge) should be avoided unless the care team agrees the risk of not taking medication is greater than the action, and there is an agreed, documented decision, having taken advice and direction from a pharmacist.

Medication training, and guidance for child specific nursing interventions

All approved foster carers may be required to seek medical intervention and store, administer and record medication for children in their care. Approved foster carers are deemed competent to do so following the foster carer assessment, fostering panel recommendation of approval, supervision, and annual review process. However, on approval, and at regular intervals as set out in the Training Calendar, approved foster carers are required to complete medication training alongside first aid training. Foster carers will be asked to repeat this training every three years. Where there are 2 approved foster carers in a household, both carers are required to complete this training.

Each child should also have an Individual Safe Care Policy which should include details about the management of regular medication or a health condition if this is ongoing and not an isolated episode.

Some children require nursing care interventions. Foster carers may be asked to carry out these interventions, however, they may only do so once they have been shown how to do so by a qualified nursing professional and subject to the consent of the parent/guardian of the child or the persons who have parental responsibility. The key point here is that the training must be given under specialist direction and not parent to foster carer or foster carer to foster carer. The following list of nursing care interventions may be considered although is not exhaustive, in effect it includes any invasive procedure that may impact on the child’s physical wellbeing if managed wrongly:

- Gastrostomy feeding and care
- Naso-gastric feeding and care
- Basic stoma care i.e. replacement and removal
- Administration of rectal Diazepam
- Administration of Buccal Midazolam
- Administration of enemas
- Administration of oxygen
- Use of nebulisers
- Oral suction
- Diabetes management
- Seizure management

Controlled Drugs

Often children may be prescribed a controlled drug. It is not necessary to treat controlled drugs differently to any other medication however, the following information should be considered:

- Controlled drugs may be identified by the letters CD next to the drug's name on the manufacturers packaging and labelling of the drug. The Department for Education issued guidance in June 2017 and updated December 2019 '*List of most commonly encountered drugs currently controlled under the misuse of drugs legislation.*' Further advice may be sought from a pharmacist if clarification is required
- Extra vigilance is advisable when a controlled drug is prescribed. Some controlled drugs have a street value and as such need to be stored and managed carefully to avoid them being stolen or misused against the law. This is particularly important to consider and record in a child specific Risk Assessment and Safer Care Policy where the child may be considered old enough and able to manage and administer their own medication or where they have a history of drug miss-use
- The procedures for dealing with a controlled drug should follow the same course as another other drug (as set out in other sections of this policy), with additional safety planning in child specific and Household Safe Care Policies. Controlled drugs do not need to be stored or managed in any different way to other medicines in people's own homes
- Risk Assessments should be in place regarding the medicine and associated risks regardless of the medicine type but should consider any additional issues such as potential for the medicine to be diverted/ misused for medicine such as CDS
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- There is no specific guidance regarding a child administering their own drugs whether CDs. There should be a Risk Assessment process associated with their capacity to manage their own medicines safely and not incur risk to others.
- General assessments and discussion would usually include decision making with Social Care and GP and other decision makers involved with the young person

Storage and disposal of medicines

Storage of medication

- All foster carers' homes have an annual health and safety check, which includes the safe storage of medication, and this is to be reviewed by their Supervising Social Worker during monitoring visits to the placement and as part of the Foster Carers Annual Review
- All medication must be kept in a safe place out the reach of children and in accordance with the manufacturers' guidance. This refers to children's medication and medication for the anyone in the fostering household whether prescribed or bought over the counter
- Ideally medication should be kept in a locked cupboard although this is not always possible or appropriate in a family home
- On receipt of the medication the foster carer will read the labels and instructions that are provided by the drug manufacturer to establish how the medication should be stored, e.g. in a fridge, in a cupboard, away from the light, at a specific temperature etc., Storage information can often be found in the patient information leaflet provided with the medication; if it is unclear the foster carer should contact the supplying pharmacist for advice
- Medication should be stored as directed and in its original packaging with the pharmacy label attached, intact, and visible to read

- Some medication has a limited shelf life (this will be stated on the container or patient information leaflet) and the date the medication is opened must be noted and recorded by the foster carer and monitored so that it is not used once it is out of date
- If medication is stored in a fridge it must be put in a designated plastic container so that it does not have contact with food (the door of a fridge is the warmest place and therefore not advised for the storage of medicines) Safeguarding issues if stored in fridge must be considered if the child or other children have access. There must be an up-to-date Risk Assessment regarding the medicines and who has access to them, and this must also consider any medicines that might be prescribed for a foster carer if this is to be stored in the fridge.
- Some medication requires equipment to be used in the administration of it e.g. syringes, pots, gloves etc., The equipment should be maintained hygienically, according to the manufacturer's instructions, and stored safely out of the reach of children.
- Medicine storage should not routinely exceed 25°C, refrigerated items 2-8°C
- Information regarding medicine storage will be part of the manufacturer's information leaflet and also on the manufacturer's outer packaging.

Disposal of medication and administration equipment

All medication no longer required must be disposed of safely, which means it must be returned to the pharmacy for disposal. Foster Carers will record this in the daily/weekly/monthly reports. The important point is to record details of what the medication was and how much of the medication was returned to the pharmacy and to which pharmacy it was taken for disposal.

Medicines must be disposed of in the following situations:

- On the advice of a pharmacist or qualified medical practitioner
- A course of treatment is completed and there is surplus medication to requirement
- The medication has reached its expiry date and some medication remains in the container, or instructions from the manufacturer indicates a time limit to storage once opened
- Where a dose of a drug is taken from the medication container but not taken by the child
- Where the medication has become damaged, or breakage of equipment renders the medication unsuitable for human use (e.g. fridge has broken down).

Administration of medication

The six rights to consider when administering any medication

- Right person
- Right medication
- Right dose
- Right time
- Right route

- Right to refuse

Being prepared to administer medication

Medication should be administered in a calm and planned manner

The foster carer should prepare for administration by ensuring the child is prepared and ready to accept the medication

The Foster Carer should ensure they administer the medication in a hygienic manner, following any instructions for good hygiene on the manufacturer's leaflet, and by washing hands thoroughly. Wherever possible the foster carer should avoid direct contact with medicines. Therefore, consideration should be given to the use of gloves when applying creams and lotions. Where direct contact is unavoidable then foster carers must wash their hands after administration of the medication.

Prescribed medication

Foster carers must ensure they adhere to the placement plan for the child in relation to the child's prescribed medication.

The placement plan should include the following information:

- GP, consultant, supplying pharmacist, or practice nurse details
- Name of medication prescribed
- Form of medication (liquid, tablet, ointment etc.,)
- Dosage
- Frequency of use
- Means of administration
- If any further training is required and who will deliver it
- And note if there are any allergies

Foster carers, with their Supervising Social Worker, may need to be proactive in ensuring this information is recorded

Where a new medication is prescribed the foster carer must inform their Supervising Social Worker. Foster Carer to record medicine prescribed in charms using **'Carer Input Child Health Medical appointment'**

On receipt of the prescribed medication the foster carer should always check they have received the correct medication and if not return this to the pharmacy.

Medication should always be administered in accordance with the prescriber's instructions which is set out on the label and manufacturers' leaflet in the medication container. A photograph of the prescribed medication label should be uploaded to charms with the Medication Administrated Record (MAR) using **'Carer input – 'Medication Administered Form'** A separate form is required for each medication administered.

Medication should be administered at the correct time, using the correct dosage. Where a qualified health professional advises a change to the prescription this must be recorded by the foster carer

Where a child is considered by the Care Team to be old enough and able to administer their own medication the foster carer will monitor adherence to medication at agreed intervals as any reasonable parent would do.

Over the counter medication

There will be occasions when a child requires medication that is not prescribed and is available over the counter

All over the counter medication should be bought on the advice of a qualified pharmacist to ensure that any existing health conditions and any prescribed medications are considered by the pharmacist

Over the counter medication should always be administered in accordance with the manufacturers' leaflet or on the label on the medication container and recorded by the foster carer

Administering medication when going out for the day

Days out with children are encouraged and are valuable for children's wellbeing and enjoyment of life and should not be curtailed because they are in receipt of prescribed medication. The key point is for the foster carer to plan ahead

The foster carer should ensure they have the correct amount of medication required for the time out of the home

The storage of the medication should be done safely, away from children, in the packaging supplied for the medication, in a bag that is kept separately from other items so that it does not become damaged, and is at hand when needed

If it is required to be at a cold temperature the foster carer should use containers where ice packs can be used to ensure the temperature of the medication, ensuring the medication is not caused to become wet, or damaged in any way

Where a foster carer is unsure about the storage of medication when travelling, advice should be sought from a pharmacist

Where it is not possible to wash hands prior to administration the foster carer should use medical wipes or anti septic sprays to ensure hygiene is maintained

Administration should be done in a private space, where a calm approach can be maintained, and where the child is comfortable to receive the medication

Where invasive medical procedures are required the dignity of the child should be maintained at all times.

Where there is an error in administration of medication

Most incidents of administration errors arise from unpredictable circumstances and most foster carers are honest and caring enough to report incidents and be responsible for their actions

Where a child has been given the wrong medication or an incorrect dosage advice must be sought from the GP or out of hours service immediately (NHS 111)

Where the error is serious, and the child requires hospital admission or medical intervention the foster carer must inform their Supervising Social Worker and the child's Social Worker as soon as possible. If this occurs out of hours, the Council's Emergency Duty Team must be informed

Any error must be recorded in the child's daily recording log, including action taken and who has been involved.

Children in receipt of regular medication requiring repeat prescriptions

The placement plan will record where a child is in receipt of regular and repeat prescriptions

On receipt of the prescribed medicines the foster carer should always check they have received the correct medicines

It is the responsibility of the foster carer to ensure there is enough medication for the child's needs

The child's main foster carer must order the repeat prescription in time to ensure there are no gaps in medication administration – most GP practices require 2 working days' notice in order to generate a repeat prescription, and specialist medicines provided directly by Hospitals may require more time; the community pharmacy may be able to help foster carers to manage this process in a timely manner

The foster carer must comply with any instruction regarding medication reviews as required by the GP or Consultant.

Children placed for respite and end of placement arrangements

Respite and Short Breaks

Where a child is placed with a respite foster carer from another foster carer, the respite carer must be fully trained to be able to administer the medication and it is the responsibility of the main foster carer to provide a comprehensive list of medication, both prescribed and over the counter, which are administered to the child recorded on the Medication Administered Record.

Where a child is placed with a respite foster carer from another foster carer, it is the responsibility of the main foster carer to ensure there is enough medication for the duration of the respite break

All medication sent between the two homes must be kept in the correct packaging with the name of the child and instruction for dosage clearly visible

Where a child's respite placement is longer than planned and insufficient medication is available the GP must be contacted for a new prescription to be sought; and the child's Social Worker and the respite carer's Supervising Social Worker should be informed

Where a child placed for respite is known to have any allergies to medication the main foster carer must inform the respite carer

On return to either the child's main foster placement or to their parents the respite carer will provide a list of medication being returned using the 'Medication Administrated Record' recording the time of the most recent dose given

Any anomalies or mistakes must be reported to the child's Social Worker and the Supervising Social Worker as soon as possible.

End of placement arrangements

Where a child's placement plan is for them to return home, move to adoptive parents or move to different foster carers attention must be given to the imparting of clear information regarding a child's medication requirements included the time of the most recent dose given

Where a child is moving to a new foster carer the new placement plan should include information from the previous foster carer about the medication required by the child and any difficulties in administration of medication

Where a child is moving back to family or to adoptive parents the Foster Carer must prepare a list of medication required and include the most recent dose given

Where a course of prescribed medication is completed, any remaining medication should not be forwarded with the child to their home or new placement, instead it should be taken to the pharmacy for disposal

Any medication to be moved with the child must be kept in the correct packaging with the name of the child and instruction for dosage clearly visible.

Alternative and complementary medicine

It is important for the safe care of the foster carer that they are not placed in a vulnerable position when considering the use of alternative or complementary medicine

Alternative or complementary medicine must not be used or promoted by foster carers for children who are looked after unless it is included in the care plan and agreed by the person/people who have parental responsibility

If a pharmacist or health professional advises the use of alternative or complementary medicine, it must be recorded in the same way as for all prescribed or over the counter medication

Where a member of the foster carer's household uses alternative or complementary medicine the safe storage of it comes under the same guidance as for all medication as set out in the policy.