**First Aid, Home Remedies and Medication**

**REGULATIONS AND STANDARDS**

[**The Support Standard**](https://www.legislation.gov.uk/uksi/2023/416/regulation/7/made)

**[Welfare standard](https://www.legislation.gov.uk/uksi/2014/3283/schedule/part/3)**

**RELEVANT GUIDANCE**

[**Promoting the Health and Well-being of Looked-after Children - Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (March 2015)**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)

[**Managing Medicines in Care Homes - NICE Guidelines**](https://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations#care-home-staff-giving-non-prescription-and-over-the-counter-products-to-residents-homely)

**RELATED CHAPTERS**

**Health Care Assessments and Plans Policy**

**Self-Harm and Suicidal Behaviour Policy**

**Health and Wellbeing, Health Notifications and Access to Services Policy**

**1. First Aid**

The service must always have a qualified First Aider on duty.

First Aid boxes must be held in the home and be accessible to young people.

Each box must include the full quantity of each item stipulated in the box. When an item has been used, then it should be replaced as soon as possible. An inventory check form is used to monitor the content and First Aid boxes are checked monthly. Young people will be encouraged to inform staff if they have self-administered First Aid .

Recording: Each young person should have permission for staff who support in the Home to administer first aid. Each young person should have permission sought and arranged by their social worker to be able to administer their own medication with support from staff. Staff should consider a young person's choice and whether there is a risk to them or others.

The administration of First Aid must be recorded in the child’s file. Accident section on file (if there has been an accident- Please also inform the manager) individual Daily Record.

**2. Allergies/Severe Allergies**

A specialist allergy nurse/consultant will help develop a Health Care plan which should be shared with all agencies working with the young person if they have a severe allergy.

The Care and Placement Plan and Health Care Plan should contain the following:

* All known allergies and associated risks including spotting the signs and symptoms of an allergic reaction and anaphylaxis for the young person;
* Preventative measures should be detailed in the Plan - for example taking daily antihistamines for hay fever, making sure cleaning products and gloves are hypoallergenic, and washing powder is suitable for skin conditions;
* Actions to take when a young person has an allergic reaction. The plan should describe exactly what to do and who needs to be contacted in the event of an emergency. For example, when to use an EpiPen and calling for an ambulance;
* All staff supporting in the Home should be aware of the Plan and should have been trained to administer an EpiPen by a suitable qualified health professional;
* The young person should be educated around their allergies and what to do in an emergency - a young person will be able to self-administer their own EpiPen or take antihistamines. This should be recorded;
* Medication should be stored in the young person’s bedroom easily accessible so the young person can access their medication in an emergency situation;
* A record should be kept of each episode

For further information please contact the child or young person’s health professional who deals with their allergies and check the [**NHS website**](https://www.nhs.uk/conditions/food-allergy/) or see [**Allergy UK Website**](https://www.allergyuk.org/).

**3. Home Remedies**

Home Remedies are medicines that can be bought over the counter, including Paracetamol\*, aspirin, homeopathic, herbal, aromatherapy, vitamin supplements or alternative therapies.

Home Remedies can only be used by the young people in the home with the approval of relevant social workers (as set out in young people’s Placement Plans) or as prescribed by a GP.

Home Remedies should be purchased for a named individual young person and stored in their lockable cabinet in their rooms.

Young people will be permitted to 'self-administer' Home Remedies once approved by their social worker, with the arrangements outlined in the Placement Plan and Risk Assessment/ Safety Plan.

Consideration should be given as to how long a young person continues to use Home Remedies before they are supported to arrange to see their GP.

Recording: The young person should be encouraged to record the medication they have taken on sheets kept in their room.

*\*Paracetamol must not be given for more than two consecutive days without the approval of a GP/Medical Practitioner.*

**4. Key First Aid and Medication Records held in the Home.**

**Each home should keep the following records:**

|  |  |
| --- | --- |
| **Record** | **Purpose** |
| First Aid Log | To record any administration of First Aid |
| Accident log | To record any accidents |
| Medical Record | Individual record for each young person, details of health related issues, medication used, name of GP |

**4.1 Ordering Ongoing Medication**

Some young people will have prescribed medication, which is ongoing. They will be supported to order this on a monthly basis where possible. Responsibility for ordering these medicines is that of a young person supported by staff in the Home.

When ordering, a note must be made of:

* The name of the young person.
* The name, strength, form and quantity of the medicine.
* The name of the surgery/G. P.
* When the prescription will be ready.

When ordering, staff in the Home should support the young person to check stock levels before ordering. To minimise wastage and reduce risks of errors, stock levels should be kept to a minimum (No more than six weeks stock to be held at any time).

**4.2 Collecting Prescriptions**

Staff in the Home should support young people to collect prescriptions from the GP/surgery or collect from the allocated pharmacy they should encourage them to check to make sure that they have received all the prescription they have ordered, and the quantities are correct before leaving Pharmacy. Staff in the Home should support the young person to check with the Pharmacy as to when the prescriptions will be ready for collection. If staff are unsure of anything relating to prescriptions, they should support the young person to contact the GP/Pharmacist for clarity.

**4.3 Receiving/Collecting Medicines**

When the medicines are collected, staff in the Home should support the young person to check that they are correct. Any discrepancies should be brought to the attention of the Pharmacy and rectified as soon as possible.

The Pharmacy will be able to give, and advice should be sought upon:

* Potential side effects;
* Advice on how the medicine should be taken;
* Advice on whether the medicine may be affected by any other medicine;
* Whether the medicine should be stored in the fridge;
* If the medicine is a controlled drug.

Staff in the Home should support the young person to ensure that the medicine has been properly labelled. If the medicine does not have a dispensing label on it, then it should be returned to the Pharmacy. Staff should ensure that the young person has stored the medication correctly and that they have been provided with the recording sheets.

The receipt of medication should be recorded on and stored within a secure lockable box. Staff will support a young person where necessary by advising and prompting times.

**4.4 Administration**

**NOTE**: all adults in the Home must be familiar with the following detailed guidance on the administration of medication:

|  |  |
| --- | --- |
| **Guidance Required** | **Where to find it** |
| For detailed guidance on the administration of medication | **Appendix 1: Administration of Medication Guidance** |
| For guidance on specific issues, e.g. refusal to co-operate, if a child is missing/absent, covert administration | **Appendix 2: Specific Issues re Administration** |
| For the administration of medication away from the home e.g. if a child is on holiday or having contact with his/her parents | **Appendix 3: Administration Away from the Home** |

Medication should be self administered as set out on the label or instructed by the GP/Medical Practitioner.

**4.5 Storage and Expiry Dates**

All medicines must be kept in a safe/secure place, e.g. a locked cabinet in the young person’s room.

*\*Medicines that require refrigerated storage should be kept in either a dedicated lockable fridge*

All medicines have expiry dates, usually clearly stated on the label, upon expiry, they should be disposed of, see below.

**4.6 Disposal**

Medication should be disposed of when:

* The expiry date has been reached;
* The course of treatment is completed;
* The medication has been discontinued.

Unless instructed by a GP/Pharmacy, unused/expired medicines should be returned to the pharmacy, and a receipt obtained. Staff will support the young person to dispose of their medication correctly.

Staff will support a young person with return or disposal of their medication by helping them source the correct route such as returning the pharmacists.

**Appendix 1: Self Administration of Medication Guidance**

All medicines must be administered strictly in accordance with the prescriber's instructions (or as advised on the packet in relation to Homely Remedies). Only the prescriber (e.g. GP) can vary the dose. Medicines must be locked away in the locked storage in the young person’s room when not in use. Support should be given to young people to aid them to take their medication themselves;-

Support could include reasonable adjustments such as:

* Providing the young person with suitable information about their medication. This includes explaining how and when to take it and any possible side effects.
* Alarms on their phone
* Reminder charts
* Multi compartment compliance aids
* Colour coded labels
* Easy to open containers

Before administration, staff in the Home should encourage young people to:

* Wash their hands;
* Access any required medical record sheets to record on.
* Have ready a glass of water/juice

The procedure for self-administration is as follows:

* The young person decides if they want their medication.
* The young person checks the Individual medication record sheet to ensure that their medication is due to be taken.
* The young person checks the expiry date and use by date (where appropriate) on their medication.
* The young person checks the amount to be taken at that time.
* The young person to measure or count the dose.
* If the medicine is a solid (such as a tablet) They may wish to put it in their hand or swallow straight from the container;
* If the medicine is a liquid, they should take care not to drip onto the label. If the amount to be measured is less than 5ml, then they should use a medicine syringe otherwise use a medicine spoon or measure as preferred by the young person;
* If the medicine is a cream or ointment, then they should squeeze it directly onto their finger for them to apply. If required to be applied by a staff member because the young person cannot reach the staff member must wear gloves.
* If a young person refuses to take medication, under no circumstances should they be forced to do so;
* After administration the medicines should be returned to the cabinet immediately and the cabinet locked.
* Young people should be supported to ensure that if the medicine is required to be taken before food, that this is done by setting a reminder on their phone with them.

**Appendix 2: Specific Issues re Administration of Medication**

Swallowing Problems

Staff in the Home may find that some young people may struggle with swallowing their medicines. The young person should be encouraged to contact their G.P should be for an alternative. Under **no** circumstances should staff in the Home take it on themselves to crush tablets without seeking advice from the G.P or Pharmacist. Any advice given should be recorded.

**Medication Refusal**

When a young person refuses to take their medicine, then the G.P. should be contacted for advice. This information must be recorded and followed. Young people cannot be forced to take their medicines.

**If a Young Person is Absent when the Medicine is Due**

When a young person is absent and their medication is due, this should be recorded. When the young person returns, then adults in the Home must consider the time delay and support the young person to seek advice if required from the Pharmacist, the G.P or [**NHS Choices website**](http://www.nhs.uk/pages/home.aspx) (as appropriate depending on the time of day). To miss taking a medicine completely can be dangerous depending on the medical condition.

**Covert Administration**

Covert administration is where a medicine is hidden in food and the person does not know that they are taking it. Staff in the Home must not hide any medicine in food or perform any other types of covert administration.

**Spilled Medicines**

When a medicine has been dropped on the floor or spilled then this must be safely disposed of, a second dose should be taken by the young person (where a medication has spilled, leaving the remainder short for the completion of the course of the prescription, advice should be sought from the G.P as to how to make-up for the lost dosage).

If the medicine has been spat out then this medication must be cleared away following the correct procedures. However, the young person should be advised not to take a second dose, as they will not know how much has been absorbed. If this persists the G.P should be contacted.

**Detached or Illegible labels**

If a label becomes detached from a container or is illegible, then staff in the Home must seek advice from the Pharmacist. Until this advice is received then the container should not be used.

**Medication Errors**

In the event of an error being made in the administration of any medication, advice must be sought from the young person's G.P. or another medical practitioner/ help line (e.g. NHS Choices) immediately or as soon as the error has been discovered. Staff in the Home must record the advice that they have been given.

**Verbal Alterations**

There may be times when it is necessary to stop or change the dose of a young person's medication without receiving a new prescription. Verbal requests to change medication by the G.P must be confirmed in writing before any changes are permitted.

**Adverse Drug Reaction**

Any adverse drug reaction or suspected adverse drug reaction should be reported to the G.P by the young person supported by staff before further administration is considered. Advice should be sought on whether the medicine should be stopped, or the treatment carries on. Staff in the Home must record the advice that they have been given indicating the date and time and authorising Practitioner.

**Drug Recalls**

When a Drug Recall Notification is received then staff in the Home should support the young person to check the medication to see if their medication is listed on the drug recall, then they must support the young person to follow the directions given.

**Appendix 3: Administration Away from the Home**

If a young person spends time away from the home, either on home visits, holidays or time spent in education any medication due to be taken must be kept in the original labelled container and they should take it with them and follow the same self-administration procedure as they would in the home. If the person who is responsible for the child is an adult from the Home, then they must complete the documents for administration while they are away as normal.

**Appendix 4: Guidance: Intentional Overdose**

If an overdose is suspected, hospital treatment should be sought without delay. Staff in the Home should try to find out what the young person has taken and if possible, take a sample to give to a medical practitioner.

**Possible signs of an overdose:**

* Mild nausea/vomiting;
* Paler skin;
* Blue lips or fingernails;
* Not waking up or reacting to a loud noise;
* Shallow or disrupted breathing;
* Gurgling, snorting or snoring /choking sounds;
* Slow or very faint pulse.

It can take a long time between taking the substance and the first signs of an overdose; young people may verbally 'boast' about having taken an overdose: even when there are no signs, but staff must consider that there is a chance an overdose has been taken and they must act in caution and seek medical attention.

Where young people have disclosed that they are suicidal and wish to take an overdose – Please ensure liquid paracetamol is used so they cannot store up doses of medication and be used to harm themselves.

What to do if someone is reacting to an overdose:

* Stay calm
* Be reassuring
* Find out what they have taken
* Stay with them.
* Put them in the recovery position if they are unconscious
* Call the ambulance - 999 - inform the operator of the overdose;
* Inform the ambulance team what the person has taken; try to gather all the packaging you can find;
* Get some help, keep other young people away (but don't dismiss any valuable information that they may be trying to pass on to you).

DON'T

* Walk the young person around;
* Put the young person in a cold bath/layer them up to heavily to generate warmth;
* Give them a drink.

Recording and Review

Please refer to the **Self Harm and Suicidal Behaviour Policy.**