



Safe Administration of Medication and First Aid Policy

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Introduction

At Cameron and Cooper Limited, staff have a responsibility to promote the physical, emotional, and social developmental needs of the young people in their care. This includes effective administration of medication and provision of first aid for those who are unwell or injured. Relevant staff receive appropriate training and guidance to ensure competence in these areas.

All staff are expected to understand and follow the policies and training provided, and to raise any concerns with their manager. Failure to comply with these responsibilities could result in disciplinary action and have potentially catastrophic consequences for the health of the young person concerned.

The policy in place at Cameron and Cooper Limited is in accordance with the guidelines set forth in the 2015 regulations governing young people 's homes. Although the policy is scheduled for review, it remains aligned with these regulations until any subsequent updates or revisions are released.

In conjunction with professional pharmaceutical guidance from the Royal Pharmaceutical Society of Great Britain, staff receive regular training and guidance on the safe handling of medicines. Additional resources for medicine management are also available from NICE and the Royal College of Nursing.

The focus of the policy is on ensuring consistency of approach and understanding across health, education, and social care practitioners to allow all young people to access opportunities and achieve the best possible outcomes. Staff are reminded of their statutory responsibility to safeguard young people in line with The Department of Education's guidance on Keeping Young people Safe in Education.

Promoting the health and wellbeing of young people by encouraging their active participation and engagement

At Cameron and Cooper Limited, we are committed to supporting the physical and emotional health and wellbeing of the young people in our care. Our staff will work with the young people to help them understand their health needs, maintain a healthy lifestyle, and make informed decisions about their own health. We recognise and respect the right of young people who are deemed "Gillick Competent" by their healthcare professionals to give or withhold consent for their own treatment. When young people are competent to do so, their wishes and feelings about health issues will be taken into account and staff will advocate on their behalf if necessary due to their level of understanding or confidence in expressing their views.

We provide a whole-home culture based on healthy living, both physically and emotionally, and encourage young people to participate in positive activities, follow a healthy diet, and seek external support if needed. Our approach is aligned with the recommended framework of universal and progressive services for young people and young people to promote optimal health and wellbeing, as outlined in [Healthy Child Programme: from 5 to 19 years Old](#) , published by the Department of Health in 2009.

If staff cannot answer a question about healthcare or medication, they will assist the young person in seeking advice from a medical or pharmaceutical practitioner. For young people prescribed Controlled Drugs, they will need to attend regular medication reviews with their GP or CAMHS as appropriate, and key workers will seek advice from medical professionals on the frequency of these reviews, which will be indicated in the young person's individual health plan.

Self – Administration

Where appropriate and feasible, young people should have the opportunity to make choices regarding their medication, medical care, and access to services. However, in situations where one person's choice could pose risks to others, such as allowing a young person to self-administer or store medication without the necessary competence, staff must ensure that the decision does not adversely affect others.

Managers must assess each situation for risk and balance it with the young person's choice. A comprehensive risk assessment must be completed on a general risk assessment form and should consider factors such as the type of medication, the controls in place to prevent overdose, and the young person's competency in administering their medication. The young person must be aware of the assessment's outcomes and may move to self-administration in stages, with staff supervising or prompting them accordingly. Staff will record the administration of medication on an amended version of the MAR sheet and the controlled drugs register for controlled drugs.

Before implementing self-administration plans, careful planning should be given to specific cases, such as young people at college or on Work Experience placements. In life-threatening cases, such as Chronic Asthma, epilepsy, or Severe Allergies, young people may hold their emergency supply of medication, provided a risk assessment indicates their competency and an individual specialist or GP advises staff accordingly. Staff must monitor the young person's self-administration, and any concerns should be reported to the Home Manager or Designated Safeguarding Lead. These medications should also be checked during the weekly medication audit and in the monthly management audit. Young people who have ongoing prescriptions should be given guidance by their Keyworkers on managing prescriptions in preparation for leaving the home.

Confidentiality

Preserving the dignity and privacy of young people is of utmost importance when it comes to their medical and health issues at Cameron and Cooper Limited, a therapeutic residential young people's home. Our staff must be tactful and discreet when dealing with such matters, avoiding asking young people health-related questions in front of others.

When a young person requires medication or treatment, it must be administered in a way that respects their dignity and privacy. During the admission process, we will ask young people about their preferences for medication administration and make appropriate arrangements to facilitate this within our guidelines. Any changes to their preferences will be reflected in their individual health plan.

Typically, medication is given before, during, or after mealtimes, but if a young person prefers to have their medication administered in private, we will discuss a plan with them, their parents/carers, and medical professionals to ensure safe medication administration while respecting their wishes.

All records related to medication and health issues will be stored securely and made accessible only to relevant staff members in compliance with GDPR regulations.

Working with parents/carers/Placing Authorities

At Cameron and Cooper Limited, we prioritize the dignity and privacy of young people under our care when it comes to medical and health issues. We work closely with parents/carers/social care to establish responsibilities and procedures for the medical care of their young people. It is essential that parents/carers/placing authorities provide us with all relevant medical and health care information relating to their child, as well as updates to this information as necessary. They are also required to give their consent for our staff to administer medication and to take action in case of a medical emergency. Signed consent forms will be stored on the young person's Integris records.

Our staff will always discuss health issues with parents/carers/placing authorities as they arise, and any staff member accompanying a young person to a medical appointment will report back on the outcome and any agreed treatment to the person holding parental responsibility and others as agreed by the person/people holding parental responsibility. It is important to note that our staff are bound to act in an emergency and if they cannot contact the person/agency with parental responsibility, we will always prioritize the safety and welfare of the child in such circumstances.

Any concerns about a parent's/Carer's management of their young person's healthcare and access to medication should be noted and staff should refer to and follow our organisation's Safeguarding Policy and procedures. We also encourage our staff to work closely with parents/carers/placing authorities to address any medication issues. Concerns about medication administration should be referred to the DSL.

Should parents/carers/placing authority or a young person be dissatisfied with the support provided in the medical care received by a young person, they are able to discuss their concerns with the management of the home. We encourage parents/carers/placing authorities to contact staff within the home in the first instance to resolve these issues. If there is no resolution, they can refer to our organisation's Complaint Policy on how complaints should be dealt with.

Finally, young people under our care will be registered with a GP surgery close to their respective homes.

LAC Medicals

Looked after young people (LAC) often have specific medical needs and expectations that must be met to ensure their health and well-being. These are typically done on an annual basis by an assigned LAC nurse. At the outset of a young person's placement within our homes, we work with the placing authority and relevant medical professionals to establish a clear plan for meeting their medical needs. This plan includes a comprehensive health assessment, detailing any existing medical conditions, allergies, or special needs, and outlining the necessary medication and treatment regimes.

We understand that Looked After Young people can often feel anxious or fearful about medical treatment and procedures, and our staff are trained to support young people with patience and sensitivity. We strive to ensure that all medical care is administered in a way that respects a young person's dignity and privacy, and we take the time to discuss any concerns or preferences they may have about their treatment.

Young people under our care are also encouraged to take an active role in managing their own health needs. As they become more familiar with their medication and treatment regimes, we support

them in developing their self-care skills and making informed decisions about their own health. We work with parents, carers, and placing authorities to ensure that they have the necessary information and resources to continue meeting a young person's medical needs after they leave our care.

In addition to providing ongoing medical support, we prioritise preventative healthcare measures for the young people in our care. This includes regular check-ups, vaccinations, and health screenings to identify and address any emerging medical concerns before they become more serious.

At Cameron and Cooper Limited, we are committed to providing high-quality care that meets the unique needs and expectations of looked after young people. Our staff work closely with medical professionals, parents, carers, and placing authorities to ensure that young people receive the best possible support and resources to promote their health and well-being.

The Safe Storage, Administration, and Recording of Medication

At Cameron and Cooper Limited, staff are responsible for ensuring the safe and correct administration, storage, and recording of medication for the young people in their care while maintaining their dignity and privacy. Any medication prescribed for a young person is considered their property and must not be used by anyone else.

All medicines, including Controlled, Prescribed, and Homely, must be stored in locked medical cabinets, separated by individual sections for each young person. Controlled Drugs must be kept separate from other medications and locked in the Controlled Drugs section of the medication cabinets. The Controlled Drugs section should only contain prescribed Controlled Drugs and other drugs recorded in a controlled drugs register, along with equipment required to administer controlled drugs, if necessary.

Keys for both the Controlled Drugs cabinet and general medicine cabinet should be locked away when not in use and kept separately from each other and any other keys in a separate key cabinet. Only staff trained in the Administration of Medication should have access to the key cabinet, and the home managers should retain a copy of both medication keys in case of emergency, stored in the key cabinet in their office.

Medications requiring refrigeration must be stored in a locked room or office. Only medication should be stored in the refrigerator. Daily temperature checks of the refrigerator will be completed and recorded. If medication is not being stored, temperature checks should take place weekly.

The majority of medications need to be stored at a temperature of 25°C or below. Room temperature is usually sufficient to meet this requirement. The temperatures of stored medications are monitored by staff on a regular basis (Daily at TBH, for instance) to ensure temperatures do not exceed the 25°C mark. This can be controlled via cooling devices or ice packs being placed in the storage unit to reduce the temperature when this gets too close to 25°C. Staff should be proactive and seek to reduce the temperature before the temperature reaches 25°C. Some medications will have different temperature requirements and staff should consult with the prescribing doctor, pharmacist or medication instruction leaflet to determine safe storage temperatures.

Homely remedies are a classification of medications that have been deemed safe and appropriate to administer to young people in our services without prior consultation from a GP, consult or physician (assuming no allergies are present). These medications are held to the same storage and

administration recording standards as other medications for the young people. These medication are essentially a communal resource and are not specific to any one young person. There are safe limits on how much paracetamol can be administered at any one time and staff must be aware of young people's routine medications containing paracetamol before administering any homely remedy which contains paracetamol. Guidance below is general and is not person specific.

Paracetamol tablet dosages for children by age, how much to give and how often

Age	How much?	How often?
6 to 8 years	250mg	Max 4 times in 24 hours
8 to 10 years	375mg	Max 4 times in 24 hours
10 to 12 years	500mg	Max 4 times in 24 hours
12 to 16 years	750mg	Max 4 times in 24 hours

Above information taken from NHS.UK

Homely remedies (approved list)

- Paracetamol (1 x 500mg tablets over 12 years only)
- Paracetamol (1- 2x500mg for young people over 16 only)
- Paracetamol Fast Melts (or unbranded equivalent – use guidance on packet for dosage)
- Paracetamol liquid – use guidance on the bottle/package for dosage
- Head lice lotion

Items that can be kept for individual use by young people

- Non medicated face washes
- Vicks vapour rub
- Karvol
- Cream i.e. cocoa butter (non medicated)
- Throat lozenges – non medicated i.e. Halls Soothers/Tunes etc

For any medications not on the approved homely remedies list staff should seek advice from 111 and may administer over-the-counter remedies as advised, but only after checking with 111 whether this medication would counteract with any prescribed medications the young person may be taking.

Staff must not administer aspirin or medications containing aspirin to young people unless they have been prescribed by a doctor.

Any medications outside of the approved list must be prescribed by the young person's GP or consultant. If parents or carers wish for young people to be administered vitamins or herbal supplements, they should request this in writing. Staff should check with the GP that there are no contraindications or counteractions with any other medication the young person is prescribed or with the homely remedies that may be administered as and when necessary before administering any vitamins or supplements. This information should be recorded within the health appointments section on clear care.

Staff must ensure that any personal medication, whether prescribed or over the counter, is securely stored within a locked room that young people do not have access to. If a member of staff needs to take any controlled medications while at work, they should ensure they complete an Individual Risk Assessment, and that the medication is stored in line with Controlled Drugs legislation.

As per the 2015 Young people 's Home Regulation and NICE guidance, regular transportation of medications between the young people 's home and the parental or carer's residence is not permitted, except for medications such as the contraceptive pill, which only require one prescription to reduce the risk of errors in administration. Staff can transport such medication only after requesting a second paper prescription. If the GP or consultant refuses to issue a second prescription, the home will provide the required amount of medication for the young person's time away from the home.

In emergency situations, such as changes in the young person's placement or medication, staff can arrange for an appropriate adult to transport the medication to the place of contact. The young people 's home must maintain and record all relevant medical documentation to ensure that the child has access to appropriate medication at all times. Failure to comply may result in the child being without medication, which is unacceptable.

Staff must ensure that separate medication supplies are provided for the shortest possible time, and that alternative arrangements are made as soon as possible. Records must be maintained to document staff efforts to resolve the issue and inform the home manager of any such arrangements. If there are any difficulties obtaining appropriate medication, staff must seek advice from the home manager.

Secondary dispensing

Medication is dispensed from the pharmacy and provided to the home. Secondary dispensing is when medication is taken from the container it was supplied in from the pharmacy, and then dispensed to another container to store it in before being administered to a person we support. Secondary dispensing is poor practice and can lead to prosecution.

When a person we support is away from the home, staff are still required to provide the medicines they require to be administered. There are times when it is not particularly convenient to take a whole packet of tablets in order to give the person one tablet while they are out. A solution for this is for medication to be sent out in exact amounts, for example 5 tablets cut off of the medication's aluminium strip and placed inside an envelope along with the instruction leaflet and administration instructions. This ensure that the parent/carer that is supporting the young person while away from the home will have access to all information needed to safely administer this medication to the young person.

Administration of Medicines

Safe administration of medicines is crucial for the well-being of the young people in our care at Cameron and Cooper Limited. Staff must follow the risk assessment for the Administration of Medications to ensure that medication is given safely and effectively. The responsible staff member should be the senior on duty, and medication administration should be included on the shift planner. However, all staff on duty are responsible for witnessing medication as needed.

Only trained staff who are deemed 'competent' are permitted to administer medication, and they can only give medicines that they have been trained to administer. Before administering medication, staff must confirm that they have the correct:

- Name of the child
- Medicine
- Date/day
- Time
- Dosage
- Route of administration / instructions

Upon administering medications all necessary records must be updated, including the MAR sheets, deduction counts, controlled drug books, etc.

When collecting medication from the pharmacy, staff must follow a set protocol. It is policy that young people under the age of 16 are not allowed to collect prescriptions. When young people are able to collect their prescriptions, this must be fully risk assessed.

If a child refuses to take their medication, this must be recorded on the 'Medication Refusal form on Clear Care as well as the MAR sheets, and the information passed on to senior staff. If a child vomits or experiences diarrhoea after taking medication, staff must record it in the young person's records and seek advice from a GP or NHS 111 regarding appropriate action.

Staff must respect the young person's privacy and dignity when administering medication. If a second member of staff is required to witness the application of topical medicines, they should ensure that privacy is maintained wherever possible. The young person should be encouraged to apply topical medicines themselves if possible.

Doses of prescribed medicines must not be varied without the GP's prior consent. Medicines prescribed for one person must not be given to another person or used for a different purpose. If a child has difficulty swallowing tablets or capsules, staff must seek advice from the GP. Staff must not crush tablets or empty capsules without written permission.

Liquid medications should be administered from a syringe to ensure accurate measurements of medication. Topical medicines require staff to practice good hygiene, including the use of gloves, and to check the expiry date.

Overdose and underdose

Following the proper procedures in cases of overdose is crucial. It is of utmost importance to seek medical advice when dealing with deliberate or accidental overdose situations. If you are responsible for the care of an individual who has overdosed, it is critical to adhere to incident reporting guidelines. This includes notifying the DSL/Senior on call, recording a Medication Incident Report on Clear Care, submitting a safeguarding report on Clear Care, filing a Regulation 40 notification if the threshold has been met and closely monitoring the wellbeing of the young person. By following

these steps, you can ensure the safety and well-being of the affected individual while also complying with necessary regulations.

Protocols are a young person being underdosed should also be followed in a similar vein. If a young person has been given an underdose due to error or if they have refused medication, medical advice must be sought to confirm what steps to take to support the individual regardless of what the missed medication is. If the underdosing meets the threshold for a safeguarding then DSL, on call manager must be informed as above.

Illegal substance/illicit medication/legal highs

Staff must be aware of the risks associated with young people using illegal substances, illicit medications, or legal highs. If a young person is suspected of being under the influence of any of these substances, staff should take immediate action to seek medical advice and inform the Designated Safeguarding Lead (DSL)/Senior on-call of their concerns. If a young person is found to be under the influence then routine medication administration must be halted until confirmation is sought from a medical professional that it is safe to do so. It is important that staff approach these situations with care and sensitivity, and ensure that the young person receives the appropriate support and care. By taking swift and appropriate action, staff can help to ensure the safety and well-being of the young people in their care.

Emergency Medication – Salbutamol Inhalers, Buccolam, and Adrenaline Auto-injectors

Young people with certain medical conditions may require emergency medication such as Salbutamol inhalers, Buccolam, or Adrenaline auto-injectors. These medications can be crucial in managing severe asthma attacks, epilepsy, or anaphylactic shock.

It is essential that staff are aware of which young people require these emergency medications and have been trained in their administration. In addition, it is important that these medications are easily accessible and stored in a safe, secure and accessible location.

If a young person requires emergency medication, staff must act quickly and administer the medication as per the individual's care plan or emergency protocol. Staff should be vigilant in monitoring the young person's response to the medication and take appropriate action if necessary, including calling emergency services or seeking medical attention.

It is important that staff regularly review the care plan and emergency protocol for each young person with a medical condition that requires emergency medication. This can help to ensure that staff are prepared to respond quickly and effectively in the event of an emergency.

Storage of Medicines

To ensure the safe storage and administration of medications at our homes, Cameron and Cooper Limited, have implemented several measures. Each home has a lockable non-portable Controlled Medicines Cabinet.

Designated refrigerators are provided for medicines that must be stored at cooler temperatures. These refrigerators must be placed in a locked room inaccessible to young people. Staff must check and record the temperature of the fridge on a daily basis (if there are medicines being stored) or a weekly basis (if no medicines are being stored). These designated fridges cannot be used for the storage of any other items.

Medicines must be stored in a way that prevents damage, mixing with other medications, theft, and posing risks to others. Staff must administer medication from the container in which it was supplied. Additionally, staff must refer to the specific advice/information on every form of medication regarding appropriate storage, dosage, age, possible side effects/contraindications, etc. Information relating to all medications used will be stored in the 'Medication Audit and Information File.'

Only medication identified in the homely remedies consent form may be administered, and any medication outside of this should be prescribed by the young person's GP. Regular checks must be made to confirm medicine is still within its expiry date during a weekly audit. Any out-of-date medication must be returned to the pharmacy for disposal.

All medication must be in its original packaging with clear labelling and directions for use. If the packaging is not clear or the medication is not labelled properly, staff should seek advice from the Pharmacist, who may advise a fresh supply via a GP prescription.

MAR sheet (medication administration record)

Each time a young person receives any form of medication it must be recorded on an individual MAR.

The MAR will include:

- Name
- Date
- Time
- Medication/Treatment given
- Dose
- Route of administration
- Reason for medical treatment
- Any specific instructions for administration
- Refusals etc will be clearly recorded and explained on the back of the MAR
- Signature/Initials of staff member administering the medication/treatment
- The date any medication is stopped and, on whose instructions, will be recorded
- Any known allergies
- Frequency of dosage

If there are changes made to controlled drugs following a CAMHS appointment, a letter from the doctor must be kept on Clear Care for that young person and a note referring to this in the controlled drugs book.

Recording of Controlled Medication

A record will be kept in the Controlled Drugs Register, the young person's individual Medication Administration Record (MAR), for any Controlled Drugs (e.g. Methylphenidate Hydrochloride).

Each time a controlled drug is administered, the staff member who gives the drug must record it in the Controlled Drugs Register and a second staff member must witness it. Both staff members must

sign the record book. If a second staff member is not available, this should be indicated by recording L/W (lone worker) - referring to the risk assessment for medication administration. Lone working should not be a regular practice, and staff should try to find a witness before administering medication alone. An exception to this is when a single staff member needs to administer medication when taking a young person off-site, and the staff member administering it must be trained and assessed as competent.

The staff member who gives the medication must be the one to initial the MAR sheet. On days when controlled medications are administered, it is also a requirement for daily quantity audits and stock control to take place, which must be clearly recorded in the Controlled Drugs Register.

When medication is administered, there should be two counts: one initial check of stock, including excess medication in overflow pots, and the second when medication is returned. This will be represented by an initial of both staff, and each initial will be highlighted on the second count. Any discrepancies must be immediately reported to the senior person on duty.

Medication Errors and Discrepancies

Errors can occur in the prescribing, dispensing, or administration of medicines. These errors may include giving the wrong dose, not giving medication at all, giving medication to the wrong young person, or making recording errors. While most medication errors do not harm the individual, some can have serious consequences. Therefore, it is crucial to record errors and investigate the cause so that we can learn from the incident and prevent similar errors from happening in the future.

In the event of an administration error, the senior member of staff on duty should be consulted, who may then contact the Senior on Call, a pharmacist, the GP, or NHS 111 to determine appropriate action. The error should be recorded in the Medication incident report on Clear Care, and further actions include informing parents/carers/Placing authority as necessary. If the medication discrepancy affects the health and wellbeing of a young person, the leader of care will notify the LADO (local authority designated officer).

If there is an error related to the recording of Controlled Drugs, staff should highlight the error, record it with two witness signatures, and not use correction fluid (Tippex). The deputy/home Manager must complete the manager monitoring for medication incidents, and appropriate action should be taken. Any staff identifying an error should inform their manager immediately so that they can take the necessary action. Medication errors will be shared at manager meetings to facilitate learning from the incident and to prevent similar errors from happening in the future.

In the event of a medication error being committed by staff, an investigation will ensue, and a medication incident monitoring form shall be filled out. The course of action to be taken shall depend on the incident, circumstances, and severity, and may include any of the following:

- Re-evaluation of competence
- Mandatory repetition of medication administration training and practical assessment of competency
- Formal disciplinary proceedings

Until the error is reviewed then the member of staff will not be allowed to administer medication.

Disposal of Medication

The situations where medicines might need to be disposed of include a young person's treatment being changed or discontinued, the young person transferring to another facility (they should take their medicines with them unless their parent/carer/placing authority agrees to dispose of any that are no longer needed), the young person passes away (medicines should be kept for until the coroner's officer confirms they do not need them) or if the medicine has reached its expiry date.

To ensure the safe disposal of surplus, unwanted, or expired medicines, a complete record must be made for auditing purposes. The normal method of disposal should be by returning them to the supplier/a pharmacy who can then ensure that these medicines are disposed of in accordance with current waste regulations.

Expired medication instructions can at times be confusing and unclear, below a simple guide that can be used to help understanding the terminology.

Wording on packet	Explanation
Best before Jan '23	Dispose of on 31/12/22
Use before end Jan '23	Dispose of on 31/01/23
Use by Jan '23	Dispose of on 31/12/22
Discard after Jan '23	Dispose of on 31/01/23
Expires Jan '23	Dispose of on 31/01/23
Use within one month of opening	Self-explanatory
Discard after one week	Self-explanatory

In the case of Controlled Drugs, any surplus drugs must be returned to the pharmacy (or dispensing doctor) who supplied them at the earliest opportunity, and a record of the return should be made in the Controlled Drugs Register. It is good practice to obtain a signature for receipt from the pharmacist or dispensing doctor, and staff should take the Audit sheet and/or Controlled Drugs book to the pharmacy to obtain a signature.

Medication Audits

All medications and drugs received and dispensed will be recorded in the Medication Audit and Information File or the Controlled Drugs Register as appropriate. It is crucial to conduct weekly audits and maintain an accurate balance of stock for each medication and for each young person.

In the case of Controlled Drugs, an audit will be performed to confirm the balance of drugs at each administration and on a regular basis. Staff must record the medication check in the Controlled Drugs Register. Although there may be wastage when decanting liquid medications from the bottle to the measuring cylinder and back, it is still necessary to measure them regularly.

Staff Training

Any member of staff providing support to a young person with medical needs should have received suitable training; this need should be identified during the referral process and/or development of the resident's individual care plan. Training developments can also be identified via staff supervision and annual appraisal.

Prior to administering any medication, all members of staff will be required to undertake training in the 'Administration of Medication currently provided by Educare, which is an accredited training company.

No agency staff used will administer medication (unless they have successfully completed the training at Cameron and Cooper Limited). However, agency staff may witness the administration and recording of medication and can sign as a witness.

Managers/Seniors have received training in the Assessment of Competence in the Administration of Medication. This training should be regularly re-visited to maintain standards (at least three yearly).

All other staff will receive regular updates and assessments to ensure that they are competent to administer medication – at least termly by managers/supervisors as trained as above.

Assessors will use supervision as well as ongoing audits and monitoring to ensure requirements are met.

Any member of staff who is deemed 'not competent' will not be permitted to administer medication until training has been completed and a new competency assessment undertaken.

In the case of staff having to work with young people with specific medical requirements (i.e. Diabetes, Asthma, Severe Allergies requiring the use of AAI, Epilepsy etc) training will be undertaken in these specialised areas by the staff working closely with the relevant young person.

Staff are not trained and do not carry out medical or nursing procedures such as catheter care, administration of oxygen, suppositories etc. In the event of a young person's needs changing and requiring this level of care, consideration would be given as to the continuation of placement as staff carrying out these procedures would require separate authorisation and training to do so.

To maintain a good level of care and meet the 'strong recommendation' of the HSE and in line with Provision for First Aid staff should undertake First Aid training commensurate to their role, and also complete medication refresher training every 12 months.

Providing care for young people who are unwell

When a young person in our care becomes unwell or ill, seeking appropriate medical advice and support is a top priority. We understand the importance of providing the necessary support and care to ensure the young person's health and wellbeing. Our staff must take immediate action to assess the young person's condition and provide any necessary first aid or medical attention while seeking appropriate medical advice and support to ensure the young person receives the best possible care. In cases where a young person requires ongoing medical treatment, we will work with their healthcare professionals to ensure that their needs are met. Our staff are trained to administer medication and will do so in accordance with the young person's individual care plan and any medical guidance provided by their healthcare professionals.

Regular health checks will be carried out to monitor the young person's condition and ensure that any changes are identified and addressed promptly. Our staff will also provide emotional support to the young person during their illness, ensuring that they feel comfortable and reassured throughout their recovery.

We understand the importance of maintaining communication with parents/carers/placing authorities and healthcare professionals during this time. Regular updates will be provided on the young person's condition and any changes to their treatment plan.

If a young person's condition requires them to be isolated from others, we will provide suitable accommodation and support to ensure their wellbeing is maintained. Our staff will regularly check

on the young person and ensure that they have access to all the necessary facilities and resources to aid their recovery.

Overall, our aim is to ensure that every young person in our care receives appropriate and compassionate support during times of illness or injury. We strive to provide a safe, caring, and nurturing environment where young people can thrive and recover.

Care of and supporting young people with medical conditions (including chronic conditions and disabilities)

For many young people with chronic (long-term) conditions, the aim of treatment and care is to manage their illness in such a way that they are able to enjoy and achieve fully in their lives and make a positive contribution.

At Cameron and Cooper Limited, we understand the importance of supporting young people with medical conditions in our care so that they have full access to education, activities, and opportunities for personal growth. This includes trips and physical education. Our staff will work closely with parents/carers/placing authorities and involved medical professionals to ensure that our standards of care and provision are continually reviewed and maintained to ensure the ongoing welfare of the young person.

Arrangements should be put in place to ensure that young people with chronic conditions can access and enjoy the same opportunities as any other young person. Before admission or as diagnoses are made, we will assess our ability to meet the needs of the young person and provide staff with additional training as necessary to ensure appropriate care.

When medical conditions are identified, our staff will seek appropriate medical advice and support to ensure that the young person's needs are met. Any necessary additional risk assessments or care plans will be circulated among relevant staff to ensure effective and consistent care.

In situations where staff are absent, we will have a plan in place to cover any additional support normally given to the young person to ensure their needs continue to be met.

Our staff will also support young people in accessing any required additional medical advice, treatment, and support, including psychological and psychiatric advice, and support with eating disorders. We will record all information, including historical information, on the young person's Individual Care Plans to ensure that their needs are properly documented and addressed.

Dental/Optical Health

At Cameron and Cooper Limited, we recognise the importance of dental and optical health in the overall wellbeing of our looked after young people. We have a responsibility to ensure that our young people receive appropriate dental and optical care while in our care.

As part of our admission process, we obtain information about the young person's dental and optical health, including their last visit to the dentist/optician and any ongoing treatment.

Our staff will work with the young person to ensure that they maintain good dental hygiene practices, including regular brushing, flossing and dental check-ups. We will also ensure that young people with ongoing dental treatment receive appropriate support and supervision to complete their treatment.

Similarly, we will ensure that our young people receive regular eye tests and, if required, are provided with appropriate optical aids. We will work with the child, their parents/carers and any medical professionals involved to ensure that the young person's optical needs are met.

We will maintain accurate records of the young person's dental and optical health, including any treatment or appointments, on their individual Care plan/Health appointments. We will regularly review and update these records to ensure that we are providing the best possible care for our young people's dental and optical health.

Trips, outings, and Holidays with the home

If a young person/people are away from their respective service on an outing/trip or holiday and they require medication, a designated and competent member of staff will be responsible for administering the medication. The staff member will receive clear instructions on how to administer the drug and will document the administration on the child's medication administration record (MAR) sheet and/or in the Controlled Drugs Register. If a second witness signature is required, the designated staff member will ensure that this is obtained.

It is the responsibility of the designated staff member to keep all medication safe and secure, including storing Controlled Drugs in a lockable provision. A backup staff member will also be identified in case of the primary staff member's sickness or absence during the trip and will be provided with the necessary information.

If a young person is prescribed a Controlled Drug, the relevant, trained staff members will complete a form containing the details of the Controlled Drugs Register during trips away. This process will be witnessed by a second staff member if possible. At the beginning and end of the trip, staff members will sign the medication in and out in the Controlled Drugs book and audit file. This will ensure that medication can be administered from the original box in accordance with our policy. The completed form will then be stored in the Controlled Drug Register envelope, and staff will transfer the information to the current page of the Controlled Drugs Register.

Young people going on leave with family / carers

If a young person is on leave away from the home and the staff who support them then the guidance must be followed from the 'secondary dispensing section' which outlines the following:

When a person we support is away from the home, staff are still required to provide the medicines they require to be administered. There are times when it is not particularly convenient to take a whole packet of tablets in order to give the person one tablet while they are out. A solution for this is for medication to be sent out in exact amounts, for example 5 tablets cut off of the medication's metal strip and placed inside an envelope along with the instruction leaflet and administration instructions. This ensure that the parent/carer that is supporting the young person while away from the home will have access to all information needed to safely administer this medication to the young person.

Dealing with medical emergencies including Incidents, Diseases, Infections, Infestations, Pandemics and First Aid

Incidents

If an incident occurs, staff at Cameron and Cooper Limited are expected to follow and complete their tasks in accordance with all relevant policies and guidelines: however, in an emergency situation if contact with the person with parental responsibility or consultation or relevant advice cannot be

accessed the staff member must act with due diligence in line with their first aid training and duty of care.

Doing nothing is not an option if a child or young person is in need of a critical or life-saving intervention. Where a staff member is faced with an unanticipated medical emergency where immediate consent to treatment cannot be provided by the person with parental responsibility, they must contact the emergency services (dial 999). The emergency call handler should give advice on what to do. The staff member should make the young person is comfortable if safe to do so and stay with them. They are not expected to make independent decisions about a young person's medical care but are able to agree to necessary medical treatment as advised by the health professional.

Staff are responsible for dealing with medical emergencies, including calling an ambulance, informing the parent or person with parental responsibility, and passing on necessary information on the young person's condition to the ambulance crew. All current medical needs will be identified in their Individual Care Plan, and this should be passed to medical professionals in an emergency.

Staff must accompany the young person to the hospital and remain with the young person for the duration of the visit. Staff will be swapped out in line with their shifts. Health professionals are responsible for decisions about medical treatment when the parent or person with (delegated) parental responsibility is not available. Staff or carers must not make the decision about when not to intervene or not seek medical treatment even if that is the parent's wish for a very sick young person.

Staff should at the earliest opportunity record what occurred, including reasons for any decisions they have made and complete forms, safeguarding, incident reports, etc. Where possible, staff should make notes while with a young person in a medical setting to ensure accurate records can be maintained.

Staff are covered by the company's insurance for medical care/emergencies but need to be able to demonstrate that they have acted reasonably and followed directions/guidance from their line managers and/or the Senior on Call.

Staff involved in an Accident (who are injured or are completing a record on behalf of a young person/colleague) should complete a company's accident Report Form.

A record of First Aid treatment given following an accident must be completed on the first aid form on Clear Care in the respective young person's section. This must also be linked with an incident report.

Serious incidents

Staff must inform a member of the Senior Management Team or Senior on call of the following issues/incidents as they arise.

1. Death or Serious Accident of a young person or staff member
2. Serious illness of a young person or staff member
3. A young person or member of staff having a notifiable infectious disease

Upon receiving the aforementioned information, the Senior Manager ought to verify that the staff has taken necessary measures to ensure the safety and protection of all parties involved. It is incumbent upon the Senior Leadership Team to ensure that the relevant notifications are given,

however, they may delegate these duties to other staff members. Any staff members involved in such incidents are obliged to provide the Senior Management Team with all the pertinent and relevant information and recordings.

If a young person dies or suffers from a serious accident or illness (including notifiable infectious diseases), the home is obligated to inform the relevant authorities such as Ofsted, RIDDOR, Surrey Social Care, and the placing Local Authority. These notifications are crucial as they help to ensure that the necessary support and interventions are put in place promptly to protect the wellbeing of the young person and prevent any further harm. It is the responsibility of the Senior Management Team to ensure that the appropriate notifications are made promptly and accurately. In situations where the Senior Management Team delegates these tasks to other members of staff, they should ensure that these staff members have the necessary information and resources to carry out their duties effectively. Failure to make the required notifications may result in serious consequences and may compromise the safety and welfare of the young person.

A written record must be kept of the notification. A full record must also be kept that includes: -

- Details of action taken
- Outcome of action/investigation

This must be made available to inspectors at the next inspection.

Self-Harm

When young people engage in self-harm, they may do so in various ways. To address any resulting injuries, staff members should follow the procedures outlined in the policy and fill out the relevant forms such as an incident form, Self-Harm and Mental Health Concerns Report on Clear Care. If a young person self-harms frequently or experiences a severe incident, they will be subject to additional measures in their Risk Assessment and Individual Behaviour Support Plan.

If a young person is known to hide objects or substances to self-harm, the risk assessment should detail expectations for staff to conduct regular health and safety checks on their rooms. Staff members should seek guidance from professionals about how to deal with persistent self-harm and provide appropriate controls and support. During room searches, staff must use appropriate safety equipment to minimise the risk of harm to themselves. Each home is equipped with ligature cutters for emergency use. All room searches must be recorded on Clear Care.

Supporting Mental Health

The young people under our care may experience mental health issues that require the same level of attention and care as other physical health conditions. If a young person's mental health concerns are identified after admission, staff must ensure they have access to the necessary medical advice and support. In case staff have any concerns regarding a young person's mental health, they should seek guidance from their line manager or the Senior Management Team.

It is the responsibility of the staff to maintain the safety and well-being of all young people under their care. Therefore, emergency risk assessments and dynamic risk assessments may need to be carried out to ensure the safety of the young person and others. Young people who experience short-term mental health issues that affect their ability to attend school will be provided with educational support until they are able to return.

For more guidance on mental health, staff should refer to the Mental Health section in the Child Protection and Safeguarding Policy.

First Aid

First Aid is the initial care provided to a young person or staff member for any serious injury or sudden illness, before the arrival of emergency medical services. First Aid can also be given for minor injuries or illnesses that do not require ambulance or hospital treatment. It is important to use First Aid in the event of serious injury or illness suffered by young people or staff members until emergency services arrive or medical advice is sought. All individuals have the right to receive prompt and appropriate First Aid, but they also have the right to refuse it. In such cases, appropriate documentation should be completed on Clear Care.

Only qualified First Aiders are authorised to provide First Aid. Designated staff members have undergone First Aid training, and First Aid kits are available in all settings. Any staff member administering First Aid must only provide assistance within the scope of their training. It is crucial that staff members do not attempt to provide First Aid beyond their training level.

The staff member who administered the first aid or called the emergency services must inform the responsible manager so that the incident can be appropriately investigated, and any necessary notifications can be made. It is also important to inform the parents/carers/placing authorities of the young person about any first aid that was administered to the young person.

First Aid offsite

It is essential to acknowledge that accidents or medical emergencies can still occur while a group is participating in activities, especially when away from the project. To address this, the necessary level of first-aid provision for each situation will be determined by a thorough risk assessment of the activities involved.

To ensure everyone's safety, both staff and young people must be aware of who the Qualified First Aiders are on any given trip. This information will be communicated ahead of time to promote preparedness and enable swift action in the event of an emergency. By being proactive and vigilant, we can help mitigate the risks associated with group activities and ensure the safety and well-being of all involved.

Vehicle First Aid supplies

It is a requirement that a first-aid box is carried in vehicles. The equipment must be kept readily available for use, kept in good condition and be clearly marked. The allocated member of staff should be informed of any use of the first aid supplies and is responsible for its replenishment.

Contents of the First Aid box

There is no mandatory list of items to be included in a first-aid container. Each home will have their own requirements depending on the needs of the young people.

As a guide from St. John's Ambulance a minimum stock of first-aid items might be:

- 20 individually-wrapped, assorted sized, sterile adhesive dressings, (detectable type for food handlers)

- 2 sterile eye pads,
- 4 individually wrapped triangular bandages (preferably sterile),
- 6 safety pins,
- 6 medium (approx. 12 cms x 12 cms), individually wrapped, sterile, unmedicated wound dressings,
- 2 large (approx. 18 cms x 18 cms) individually wrapped, sterile, unmedicated wound dressings,
- 1 foil blanket (only where necessary),
- 2 pairs of suitable disposable gloves, (latex ones are best avoided because of allergy issues)
- 2 Resusci-aids,
- 2 disposable plastic aprons

The contents of first-aid containers should be examined regularly (monthly at a minimum) and restocked soon after use. These audits must also be recorded fully on Clear Care. Care should be taken to dispose of items safely once they reach their expiry date. Equivalent or additional items are acceptable. Any tablets, creams or lotions should be held in the locked medication cabinets in the home until needed.

The first aider or appointed person should examine the contents of the first aid containers on at least a monthly basis unless required earlier to check that everything needed is present and that any items with a past expiry date (or that are no longer sterile due to being opened) are disposed of appropriately. These checks should be recorded in the relevant section on Clear Care .

Medical checks after a physical Intervention

It cannot be overstated how crucial it is to carry out medical checks after a young person has been subjected to physical restraint. These checks are conducted at 5, 30, and 60-minute intervals following the end of the restraint. During this time, staff will closely monitor the young person's respirations or breathing, as well as the colouration of their skin, face, and lips, and document any observations they make.

It is of utmost importance that these observations are recorded in the appropriate section of the physical intervention form on Clear Care. If any concerns arise regarding the young person's medical condition following a restraint, staff must seek the advice of a medical professional as soon as possible and inform a member of the Senior Management Team. This ensures that any potential medical issues are addressed immediately, and the young person receives the necessary care and attention.

Adverse Drug Reaction Reporting

In the event of any suspected or actual adverse drug reaction (ADR), it is imperative to report the incident to the general practitioner or supplying pharmacist responsible for the individual young person. Furthermore, the person or authority with parental responsibility must be notified and provided with an explanation of the incident, which should also be shared with the young person.

It is important to note that the medication should not be administered again without first consulting the general practitioner, the child's parents/carers, and the young person (if of sufficient age and understanding and/or self-medicating) to obtain their agreement. It is vital that the Senior

Management Team for informed of all incidents of this nature so that the appropriate notifications can be made.

General practitioners and pharmacists are also required to report such incidents directly to the Medicines and Healthcare Products Regulatory Agency. If they do so, they must involve the staff and carers in the process. Prompt and appropriate reporting ensures that any issues are addressed in a timely manner and that the young person receives the best possible care.

In the case of a young person appearing to have an adverse reaction to medicine and they become unwell, medical advice must be sought immediately.

Links with external agencies

Maintaining positive relationships with health agencies and having a dedicated GP surgery is of utmost importance for all services. At the same time, we strive to ensure that young people have access to specialist services whenever the need arises.

In situations where a referral to Children and Young People's Mental Health Services is necessary, we make sure to include Child and Adolescent Mental Health Services, Eating Disorders Clinics, Substance Misuse, and Sexual Health Services, as appropriate. To ensure staff are equipped to handle medication administration, accredited training is provided by a qualified training provider.

When external agencies visit young people in their respective homes, all security and safeguarding procedures must be followed, consistent with Keeping Children Safe in Education requirements as outlined in the organisation's safeguarding and child protection policy. This will ensure that young people receive the care they need while minimising any potential risks.

Infection Control

Infection control is of utmost importance in any care setting to ensure the safety and well-being of both staff and young people. In this regard, the following guidance provides basic hygiene precautions that staff should employ to avoid infection, particularly when dealing with blood or other body fluids, providing first-aid and medical treatments, and when disposing of clinical waste.

Staff should refer to relevant legislation and guidance such as the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the Safe Management of Healthcare Waste guidance for advice on the appropriate disposal of clinical waste. Staff must be aware that there may be individuals with undiagnosed blood-borne illnesses such as HIV and hepatitis, and therefore it is crucial to follow good hygiene practices at all times to prevent infection transmission.

The key elements of good general hygiene designed to control infection include avoiding contact with another person's body fluids and other potentially infectious materials, maintaining a high standard of cleaning, particularly in kitchens and sanitary facilities, careful disposal of clinical waste, and maintaining high standards of personal hygiene.

To prevent cross-contamination of infection between workers and service users, the use of appropriate personal protective equipment (PPE) and protective clothing is vital. It is crucial to consider whether to use non-disposable or single-use PPE. Remember that single-use disposable items must not be re-used, as this can lead to the spread of infection between young people. Staff must refer to the guidance on Personal Protective Equipment at Work Regulations from the HSE. These procedures must be followed in all circumstances, whether or not there is a definite, known risk of infection.

COSHH (Control of Substances Hazardous to Health)

To ensure the safety of all individuals within the organisation, a thorough assessment is conducted on all hazardous chemicals stored within any of the services. This information is documented in the Control of Substances Hazardous to Health (COSHH) file and is updated on a regular basis. It is imperative that all staff familiarise themselves with the contents of the COSHH file and confirm their understanding by signing the document. It is the responsibility of every staff member to stay informed and up-to-date with any new or modified information pertaining to hazardous chemicals. By doing so, we can maintain a safe and healthy environment for everyone in the unit.

Retention of Records

In accordance with Children's Home Regulations and the UK General Data Protection Regulation (GDPR), all records relating to this policy must be retained for a specific period of time.

the retention of young people's medical records. The records must be retained for a period of 75 years after the individual's birth. This is to ensure that the records are available for any future medical needs or investigations.

During the young person's stay at the home, it is the responsibility of the staff to keep accurate and up-to-date medical records. This includes any allergies, medical conditions, and medications being taken. The records should be kept securely and access should be restricted to those with a legitimate need to know.

When a young person leaves the home, their medical records must be securely transferred to their new healthcare provider. If the young person has not yet reached the age of 18, the records should be transferred to their parent or legal guardian.

After the 75-year retention period has expired, the records should be securely disposed of in a manner that complies with UK GDPR guidelines. It is important to note that some medical records may need to be retained for longer than 75 years in certain circumstances, such as in cases where the individual has a hereditary medical condition that may affect future generations.

The retention period for records relating to hazardous chemicals stored in the unit and their associated COSHH assessments must be kept for at least five years from the date of the last entry. These records must be securely stored and accessible only to authorised personnel.

Additionally, all records relating to adverse drug reactions, including reports to general practitioners and pharmacists, must be retained for at least 10 years. The records should be kept in a secure and confidential manner, and access should be restricted to authorised personnel only.

All personal data, including medical information, should be kept confidential and processed in line with GDPR regulations. Records containing personal data must be securely stored and retained only for as long as necessary to fulfil the purpose for which they were collected. Once the retention period has expired, the records should be securely destroyed in a manner that complies with GDPR regulations.

It is the responsibility of all staff to ensure that records are kept in line with these retention requirements, and any breaches of confidentiality or improper record keeping must be reported immediately to the designated safeguarding lead or the data protection officer.

Checklist for collecting medication from the Pharmacy

You need to take with you –

- Cameron and Cooper Limited ID card
- Your job title and role to the yp
- The yp's name
- The yp's address
- The yp's date of birth
- The medications you are collecting (including dose and amounts)

They will require you to sign each prescription back, and they will also complete a bound book of their own.

On return it is your duty to

- Check all medication is correct, including labels for the correct dose, name, frequency, times and instructions.
- Confirm the number of medications received. On occasion pharmacists will dispense an inhaler and the box will say "120 doses" and upon opening the inhaler you find 124 doses. Medications that are in metal sheets that you 'pop out' are *generally* counted by hand. Medications in mass produced containers (such as vitamins in bottles) are prone to error as these are not checked by hand. A box will say it contains '30 vitamins' but it will actually contain 31 or 29. These numbers must be confirmed upon receipt of the medication into the home to avoid confusion and a potential medication error.
- Medication must be audited with a second member of staff. This includes adding the medication to a MAR sheets, update stock records, etc.
- Any changes to the medication must be communicated to the staff team, no matter how small the change.

Reordering medication

While each service will have an allocated member of staff who is primarily response for the reordering of medication, it is the responsibility of all staff who administer medication to ensure we have adequate stock levels of medication. We should seek to reorder medication once we have two weeks medication remaining. For tablets taken daily this would mean at 14 (or for tablets taken twice a day at 28) tablets remaining we must action the reordering process either by contacted the allocated staff member or by actioning this yourself by **COMPLETE PROCESS HERE**

In the instance in which staff discover that medication is not going to be available for a young person, proactive steps must be taken to support this young person and colleagues. A pre-emptive call can be made to 111 to explain we do not have a supply of medication to administer and they will respond in one of two ways –

1. They will put you through to a clinician who may be able to issue an emergency prescription of a few days dose of medication until regular stocks can be recontinued or obtained.
2. They will advise that missing a dose for a one-two day period may not be of serious consequence and a set amount of doses can be omitted. They will include with this a full list of signs to look out for in a young person appeared unwell and what to do if they show any side effects.

It is of the utmost importance that staff do not make this decision to omit medication without medical consultation. Every decision regarding a young person's medication must come from a licensed clinician and not from staff's own judgement.