

ELHAP Medication Policy and Procedure SUMMARY

The 10 steps of good practice:

- 1** Always check the service user has up-to-date, correct and completed medication consent forms.
- 2** Make sure the medication is in date, has a readable prescription sticker (or instructions for over the counter medication) and is undamaged.
- 3** Always sign the medication in and make sure it is stored in the locked medication cabinets.
- 4** Only suitably trained staff can administer emergency medication and other specific medication (i.e. Staff need to complete competency test for insulin)
- 5** Always double check you are going to administer the *right* DOSE of the *right* MEDICATION to the *right* PERSON at the *right* TIME with the *right* USE-BY date.
- 6** Before administering any medication, always get a witness to double check that you giving the *right* DOSE of the *right* MEDICATION to the *right* PERSON at the *right* TIME with the *right* USE-BY date.
- 7** Always fully complete the administration of medication form so there is a clear record.
- 8** Always administer medication in the most private, sensitive and respectful manner as possible. Always try to explain what the medication is and why it is being given.
- 9** We never ever force medication, hide medication in food, use medication as a punishment or as a restraint.
- 10** Always inform a senior member of staff of any possible or actual mistakes or errors relating to the storage or administration of medication.

Administering medication is one of the most hazardous events at ELHAP because mistakes could very seriously hurt people.

It is essential that only experienced and trained staff undertake the storage and administration of medication.

If you aren't sure or don't feel confident, you **MUST** ask for help.

ELHAP is a very busy and noisy place and so it is easy for mistakes to happen.

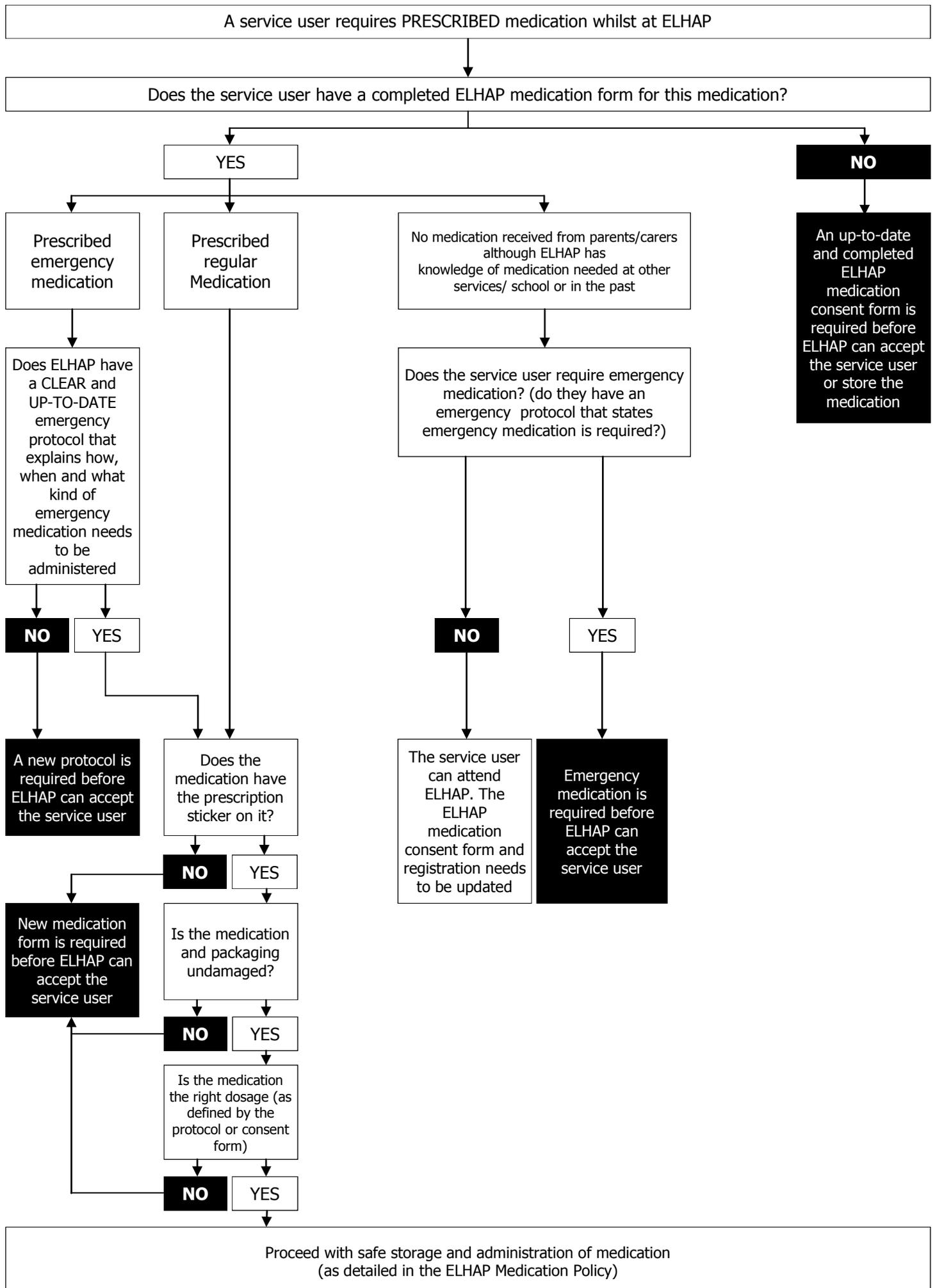
A Witness is not just a colleague who signs the forms for you. The witness is there to double check you and to make sure you are not making a mistake.

Make sure the witness double checks you properly.

Always follow the Flow Charts and the Medication Policy.

**IF YOU AREN'T SURE,
ALWAYS ASK FOR HELP.**

Dealing with **PRESCRIBED** Medication at **ELHAP** Flow Chart



A service user requires **PRESCRIBED** medication whilst at ELHAP

Does the service user have a completed ELHAP medication form for this medication?

YES

NO

Prescribed emergency medication

Prescribed regular Medication

No medication received from parents/carers although ELHAP has knowledge of medication needed at other services/ school or in the past

An up-to-date and completed ELHAP medication consent form is required before ELHAP can accept the service user or store the medication

Does ELHAP have a CLEAR and UP-TO-DATE emergency protocol that explains how, when and what kind of emergency medication needs to be administered

Does the service user require emergency medication? (do they have an emergency protocol that states emergency medication is required?)

NO

YES

NO

YES

A new protocol is required before ELHAP can accept the service user

Does the medication have the prescription sticker on it?

The service user can attend ELHAP. The ELHAP medication consent form and registration needs to be updated

Emergency medication is required before ELHAP can accept the service user

NO

YES

New medication form is required before ELHAP can accept the service user

Is the medication and packaging undamaged?

NO

YES

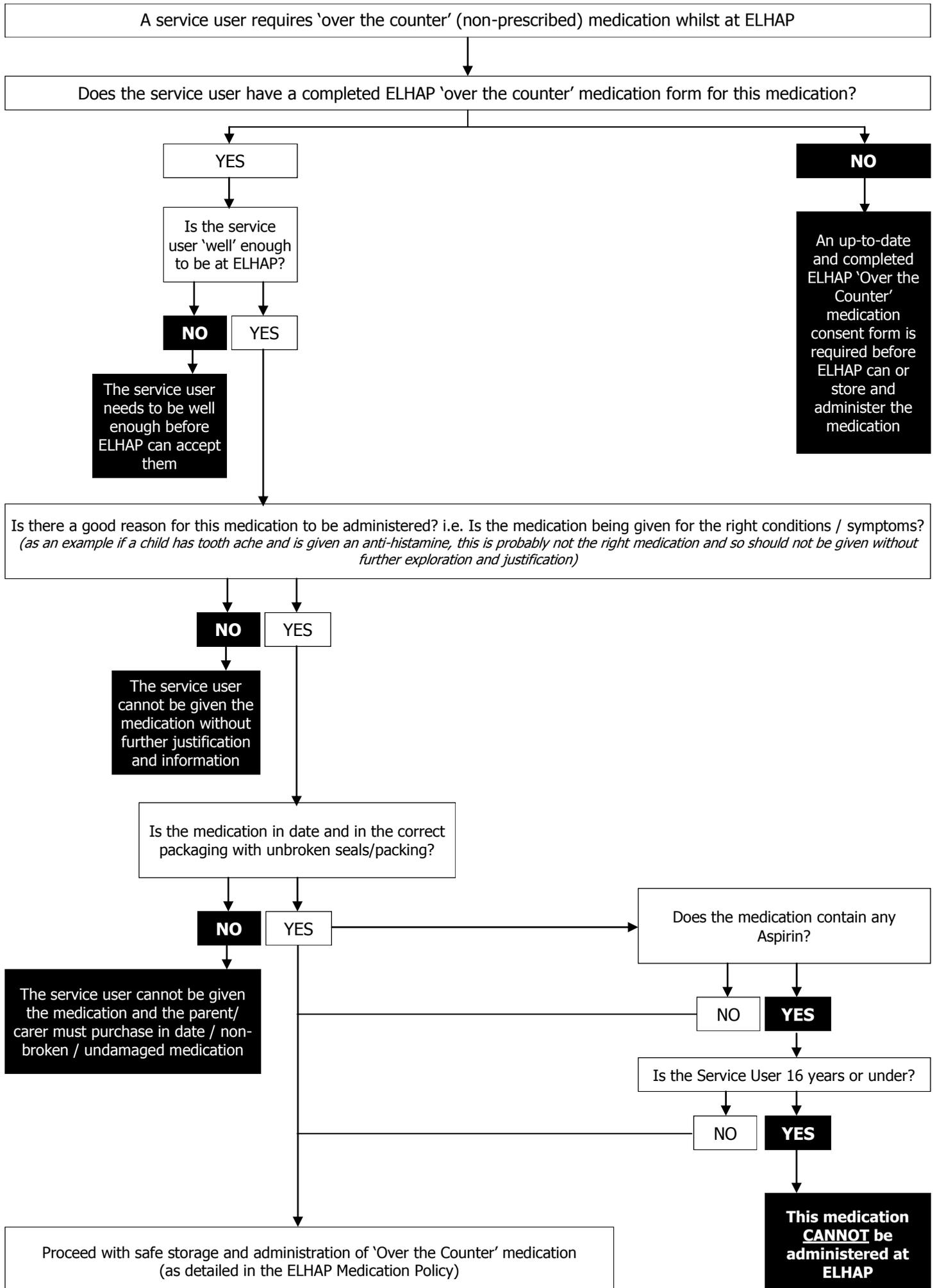
Is the medication the right dosage (as defined by the protocol or consent form)?

NO

YES

Proceed with safe storage and administration of medication (as detailed in the ELHAP Medication Policy)

Dealing with 'Over the Counter' Medication at ELHAP Flow Chart





ELHAP Medication Policy and Procedure

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1. Introduction

This policy:

1.1 Embodies the principles of the NHS and Community Care Act 1990, Children Act (1989, 2004), Nationals Service Framework for Children, Young People and Maternity Services, Ofsted: Administration of medication to children in registered childcare, Childcare Act 2006 and linked regulations. The policy applies to all employees and volunteers of ELHAP.

1.2 Is applicable to all staff and volunteers working with users (the term 'user' includes any child, young person or adult using ELHAP services) of ELHAP, excluding visiting groups whose own staff are responsible for their users medication.

1.3 Aim to ensure that users receive appropriate help and encouragement to manage their own medication but where this is not safe ensure that they receive a suitable level of support and assistance with their medication.

1.4 Acknowledges ELHAP staff and volunteers are not health professionals and therefore, must receive appropriate training to enable them to become competent in the administration of medication.

1.5 Sets out the systems and arrangements that must be in place regarding access to medication, storage, control and disposal of surplus medication.

1.6 Ensures a consistent approach throughout ELHAP.

1.7 Defines the principles of good practice, which are to be applied to the administration of all medication.

2. General Principles of Good Practice

2.1 Everyone involved in the care of an ELHAP user is responsible for ensuring that his or her medication is managed appropriately. However the primary responsibility for the prescription and management of medication rests with the prescribing medical practitioner.

2.2 Medicines prescribed by a doctor/nurse prescriber and dispensed by a pharmacist become the property of that person, or the person(s) who hold parental responsibility for that person, to whom they have been prescribed.

2.3 Whoever gives medication must make sure that it is administered according to the prescriber's written instructions and recorded and signed each time.

2.4 It is important that users give their consent and their views must be respected. Any refusal to take medication should be recorded and appropriate advice sought if this persists.

2.5 The administration of medication will be delivered in a way, which respects the dignity, privacy, and cultural and religious beliefs of the user.

2.6 The National Care Standards regarding medication will be adhered to.

3. Consent

3.1 For users under the age of 16 or for users who are unable to give informed consent for medication are required to submit written informed consent, completed by the person(s) who holds parental responsibility or legal guardianship for that user.

3.2 Prior to administering ANY medication, a fully completed ELHAP Medication Consent form must be submitted to ELHAP.

3.3 ALL completed ELHAP Medication Consent Forms must include details of the name of medication, date prescribed, duration of course, dose prescribed, prescriber's name and contact details, type of administration (i.e. orally, with water etc) and times to be administered.

3.4 Completed ELHAP Medication Consent Forms will be filed in users' records.

3.5 The ELHAP Manager reserves the right to withdraw the medication service at ELHAP.

4. Medication at ELHAP

4.1 It is the responsibility of the ELHAP Manager to ensure that:

4.1.1 Appropriately authorised staff are always available to carry out the administration of medication.

4.1.2 Staff undertaking the administration of medications have received approved training.

4.1.3 Suitable arrangements are provided for the safe storage of medications in a locked cupboard.

4.1.4 Users and/or their carers are familiarised with the general requirements for the packaging of medications coming into ELHAP.

4.1.5 The appropriate authorisation has been sought from the carer, next of kin or GP requesting that assistance be given with medication (completion of ELHAP Medication Consent Form).

4.1.6 Suitable arrangements are in place to allow for a record of administration of medication to be made and kept.

4.1.7 Carers are aware that it is their responsibility to advise the ELHAP Manager of any changes in medication.

5. Storage of Non- Emergency Medication

5.1 Non-emergency medication is medication which an ELHAP user takes regularly. Non-emergency medication will be taken by a service user at set intervals, as directed by the prescribing doctor or practitioner. An example of a non-emergency medication would be insulin for diabetes management.

5.2 Whenever any non-emergency medication is received at ELHAP belonging to a user it must be immediately stored in the locked cupboard provided for this purpose.

5.3 All staff, volunteers and work experience placements personal medication (including over the counter medication, herbal remedies etc) must be recorded and stored in the locked cupboard provided for this purpose.

5.4 No non-emergency medication must ever be left outside of the locked cupboard at any time, except for when administering such medication or removing for outings/returning to relatives, carers or pharmacy. Non-emergency medication cannot be placed in any other secure areas (secure offices, general locked cupboards, lockers etc) – all non-emergency medication must be placed in the locked cupboard provided for this purpose.

5.5 Details of medication received at ELHAP must be recorded. This must confirm the name of the drug, the day and date, the dosage, the time and route of administration e.g. by mouth, and where the medication is being stored.

5.6 Access to stored medication will be limited to the ELHAP Manager and authorised staff.

5.7 All medication being brought into ELHAP by a user requiring assistance with administration must be in a suitably labelled bottle as dispensed by the pharmacist.

5.8 ELHAP must not undertake to dispose of any medication, except in the case of spoiled doses. In such cases, this will be returned to a pharmacy for safe disposal.

5.9 Any unused medication must be returned to the relative/carer.

6. Storage of Emergency Medication

6.1 Emergency medication is medication which is administered in response to a life threatening situation (potential or actual). Examples of emergency medication would be Adrenalin, for Anaphylaxis or Buccal Midazolam, for epileptic seizures.

6.2 For service users who receive 1:1 support emergency medication will be stored in padlocked medical storage bags. The bags will be kept in possession of, and worn by, the staff member allocated to the service user requiring emergency medication. This is so that the emergency the medication can be accessed quickly.

6.3 For service user who receive lower staffing support (1:4 or 1:8 support) the storage of their emergency medication will be stored either a padlocked medical storage bag or the locked medication cupboard. Where to store the medication will be dynamically assessed by the manager and authorised staff taking into consideration the frequency a service user needs the medication, severity of consequences etc.

6.3 ELHAP will treat other aspects of the storage of emergency medication in the same way as non-emergency medication. Please see points 5.5 to 5.9 above in regard to: recording, access, disposal and return of emergency medication.

7. Administration of Medication

7.1 It is not ELHAP's responsibility to make an assessment of a user's ability to self medicate; the responsibility to co-ordinate the assessment rests with the prescribing medical practitioner and/or social services.

7.2 For those users who are unable to take responsibility for their own medication, the ELHAP Manager becomes responsible for ensuring the safe custody, administration and recording of any medication.

7.3 Where medication is received that is not clearly labelled the authorised staff should seek clarification from the carer, next of kin, pharmacist or GP prior to administering any medication. New or unrecognised medication must not be administered without authorisation.

7.4 In cases where medication is regularly received in inappropriate containers, this will be brought to the attention of the ELHAP Manager.

7.5 Two authorised staff will undertake all administration of medication. The first authorised staff member will check and administrate the medication (Medication Administrator), the second

authorised staff member will check and witness the administration of medication (Medication Witness).

7.6 The Administrator and Witness of medication will complete all appropriate records, as medication is administered.

7.7 The administration of medication will never be unsupervised and/or unrecorded.

8. Administration of Emergency Medication

8.1 The administration of emergency medication whether rectally (e.g. rectal Diazepam) or by injection (e.g. Adrenaline) may only be undertaken by trained and approved staff.

8.2 An emergency is defined as a life threatening situation where there is insufficient time to wait for the emergency services to arrive.

8.3 If there is no approved or suitably trained member of staff available the emergency services must be called.

9. Recording of Medication

9.1 Recording the storage of medication:

9.1.1 All medication brought into ELHAP premises will be recorded by an authorised staff member who will record the details on the medication storage record sheet.

9.1.2 All medication taken off of the ELHAP premises (i.e. for outings, returning to relative etc) will be recorded by an authorised staff member who will record the details on the medication storage record sheet.

9.2 Recording the administration of medication:

9.2.1 For users who are unable to manage their own medication, the staff must record the details of administered medicines on the medication administration record sheet. Where the medication has been provided by the community pharmacist in a monitored dosage system and a computerised administration form has been provided, staff only need to complete this form. Where a computerised administration form is used, a photocopy will be taken and placed in the medication record folder.

9.2.2 Medication details should be recorded without delay, at the time of administration on an agreed medication administration record. The details should confirm the name of the medicine, the quantity of medication given, the date and time of administration, and the name of the medication administrator and witness.

10. Medication on Outings

10.1 An authorised staff member will be responsible for the safe storage of all medication on outings.

10.2. Due care and consideration will be taken when transporting medication on outings, especially concerning safety, temperature etc.

10.3 Medication details, including contact details and emergency contacts, will be kept with the medication at all times.

10.4 The administration and recording of medication will follow the procedures set out above.

11. Management of Medication Errors and Incidents

11.1 ELHAP recognises that, despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to his/her line manager. If a mistake occurs, the staff must **IMMEDIATELY** report this to their line manager so as to prevent any harm to the service user. The line manager should inform the ELHAP Manager where appropriate.

11.2 Managers should encourage staff to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevent recurrence.

11.3 Managers must differentiate between those cases where there was a genuine mistake, where the error resulted due to pressure of work or where reckless practice was undertaken and concealed. A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken. Any investigation must observe the convention as set out in the ELHAP Disciplinary Procedure.

12. Variable Dose Medication

12.1 Some users may from time to time require assistance with the administration of medication used to control particular symptoms such as the relief of pain or easing of breathlessness arising from asthma.

12.2 Assistance with the administration of this type of medication should only be provided where it has been prescribed by the GP, and where this is appropriate, consent has been given by the family or carer. The GP's instructions relating to dosage and frequency must be followed at all times and a record made of all doses given.

13. Over the Counter Medicines

13.1 ELHAP will administer over the counter medication in some instances.

13.2 OTC's are medications without prescriptions which have been recommended by pharmacist or nurses (e.g. Calpol, teething gel, antihistamine).

13.3 To administer OTC's to a service user ELHAP will require: written permission from their parent or carer, have an accepted health reason to use this medication and the medication to be reasonable treatment for this ailment.

13.4 ELHAP will never administer medicines containing aspirin to children under 16 unless a doctor has prescribed that medication to that particular child.

13.5 OTC's will be treated by ELHAP (in regard to storage, recording, administration etc) the same way as non-emergency medication.

14. Disposal of Medication

14.1 All unused medication should be returned to the relative/carer, or alternatively to the Pharmacist for safe disposal.

14.2 A record should be made in the users notes, of the name of the medication, quantity, reason and date of disposal.

15. Transportation of Medication

15.1 Medication will not be transported in any user's possessions or belongings, except in extenuating circumstances (please see section 16 below)

15.2 Medication must be transported by a responsible adult, either a relative, carer or escort.

15.3 Due care and consideration will be taken when transporting medication, especially concerning safety, temperature etc.

16. Self Administration of Non-Emergency Medication (for service users aged 18 and over ONLY)

16.1 On occasion, service users aged 18 years or over may want or need to self medicate. The ELHAP Day Service supports service users to develop independence and respects service users need for autonomy. As part of this, the ELHAP Day Service will support service users, who are considered competent and able, to self administer their own medication. ELHAP staff will supervise and monitor self administration in order to ensure that the correct medication is administered, whilst maintaining and respecting the independence needs of service users.

16.2 Self administered medication is always recorded through the normal medication forms (i.e. ELHAP medication storage and administration forms).

16.3. When in the community, medication may be transported in service user's own belongings if they are considered competent and able, but also when this is a normal procedure for this service user (i.e. the service user normally transports their own medication at college etc). Day Service staff must be aware of this medication and dynamically risk assess this form of storage and transportation regularly.

16.4. Only non emergency medication may be self-administered. Emergency medication cannot be self administered at any time.

**Implemented by the ELHAP Manager
22nd April 2013**