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| A green and white text on a black background |  |
| **Service Specific Medicines - Standard Operating Procedure (SOP)** | |
| **Date Approved:** |  |
| **Date for Review:** |  |
| **Document Owner:** |  |

**Table of Contents**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Introduction**

**There is the only medicines policy in Barnardo’s** [2. Medicine Policy DRAFT V4 16 04 25.docx](https://barnardosorguk-my.sharepoint.com/:w:/g/personal/rebecca_warnes_barnardos_org_uk/EXagSsZsZ7BOiuzNWX8xBWcB9p42LsHeVFBRcmfi7_oLTQ?e=BpHz01) Additional process’s / guidance written to meet **specific service requirements,** should only be completed using this template. This should be approved by the Services’ Assistant Director/Head of Business.

The following sections are ‘areas to consider’ when services are writing guidance that supports the delivery of the medicines policy.

**Areas to consider:**

1. **Admission of a Young Person.**

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| --- |
| Supply of Medication  Record of Medication  Permission  Safety Plan  Handover  Risk Assessment  Medication History |

1. **Storage of Medicines**

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| --- |
| Responsibility  Safety  Facilities  Availability of Policy & Process  Security  Labelling  Ease of Access  Handover  Health Contact  Training / Competency |

1. **Cold Storage**

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| --- |
| Temperature  Thermometer  Recording  Handover / Process  Hygiene |

1. **Administration of Medication and recording**

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| --- |
| Staff  Hygiene  Recording  Responsibility  Medical contact  Equipment / estates  Hygiene  Process  Consent / Capacity  Change to Prescription  Setting  Availability of Policy & Process  Transport |

1. **Disposal of Medication**

|  |
| --- |
| Recording  Process  Responsibility  Hygiene  Health Contact |

1. **Controlled Drugs**

|  |
| --- |
| Storage  Recording  Process  Hygiene  Staff  Health Contact  Risk Assessment  Training / competency |

1. **Home Remedies & Minor Conditions & Medication for Barnardo’s Staff**

|  |
| --- |
| Consent / Capacity  Storage  Safety  Health Contact  Risk  Training |

1. **Medication Errors & Reporting**

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| --- |
| Training  Medical Contact  Safety  Risk  The need for a flow chart  Reporting |

1. **The Administration of Covert Medication**

|  |
| --- |
| Training / Understanding  Risk  Consent / Capacity  Law  Communication |

1. **Version History**

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| --- | --- | --- | --- | --- |
| **Document History** | **Date** | **Author** | **Comments** | **Approval** |
| V1 | 10/7/25 | Samantha Murray/ Rebecca Warnes | Procedure created in line with Medication Policy | Rukshana Kapasi |
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