Medication Procedure (Administration, Storage, Disposal, Reporting)

Policy Sponsor	Executive Director Children's Services - Delivery
Policy Owner	Director of Health
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1. Purpose

This procedure sets out the standards and principles which Barnardo's expects its employed colleagues and volunteers to adhere to in relation to the **care** and **control, supply, storage**, and **administration** of medicines along with clear **procedures for reporting medication related incidents**.

Additional process's / guidance written to meet **specific service requirements,** should only be completed using the following embedded template, which should be downloaded and stored with the policy for ease of access by the service. Barnardos Medicines Policy Process Template 2025.docx

2. Procedure

Admission of a Young Person.

Barnardo's colleagues should establish if the CYP is taking regular medication when the child/young person arrives at the setting. If the CYP takes regular medication and does not have any medication with them they should see the GP/Out of Hours Service/NHS Direct/Local A&E Department at the earliest opportunity. Asthma inhalers, epilepsy medication and insulin must be obtained immediately if none is available.

Information should be obtained about any medication to be given to the CYP, and the type, dose, amount and other specific requirements should be recorded.

The supply of medicines to all children's settings in the UK comes under the remit of the Medicines Act 1968. All medicines brought into Barnardo's settings from whatever source must be recorded on the child's Medication Administration Record (MAR)MAR_Proforma_blank.docx as soon as received and the medicine must be put, immediately, into the medicine cabinet.

The record must show:

- Name and date of birth of the child

- Date of receipt
- Name, strength, and dosage of medicine
- Quantity received
- Signature of the carer receiving the medicines
- All medication must have a pharmacy label to include the young persons:
- Name
- Name and strength/dose and frequency of medication
- Date of dispensing
- Name of pharmacy where it was dispensed

Barnardo's colleagues **must** ensure written permission from a person with parental responsibility for the administration of appropriate non-prescription medication is obtained and retained on the child's file.

A risk assessment of the child/young Child Young Person Vulnerable Adult Personal Emergency Evacuation Plan (PEEP) Template.docx person for the safe administration of medication must be completed and recorded on the child's file.

A safety plan must be in place for all CYP that may be deemed 'at risk' (i.e. subject to suicidal ideation) and can access/administer their own medication.

If Barnardo's colleagues are in any doubt about the proper action to be taken in respect of medication, they should seek advice from a health professional.

Storage of Medicines.

The safe keeping of medications is required by law (National Patient Safety Agency DOH 2004). All medication must be stored **(no matter where the setting, i.e. CYP home or charities home, retail/shop setting),** in its original container, with the original dispensing label, as received from the pharmacy.

The name of the child, dose, frequency and route of administration must be clearly visible on the prescription label.

Household remedies should be checked regularly to ensure they remain in date.

All medication must be stored in a locked cabinet that is securely fixed to the wall and is used for medication storage only. The security of medicines must not be compromised by the cupboard being used for non-clinical purposes.

Dressings should be kept separate from oral medication e.g. on a separate shelf.

Creams should be labelled with a date when opened and discarded after 28 days.

Urine testing or blood sugar testing equipment should be kept in a separate locked cupboard. Only designated carers should hold the key for the cupboard and have access to its contents.

The keys for the locked medicines cupboard should not be part of the master system for the home. Key security is integral to the security of the medicines and therefore access should be restricted to designated carers. Keys to the secure locked cupboard or fridge should be allocated to the authorised member of staff on shift and kept in a secure locked cupboard.

Some medications must be stored securely but must be readily available to the child e.g. asthma inhalers, EpiPens.

Cold Storage.

Wherever possible, a separate, secure refrigerator should be available to be used exclusively for the storage of medicines requiring cold storage. The temperature of the medicine's refrigerator should be monitored daily when in use and should be at the temperature recommended by the manufacture, using a maximum/minimum thermometer with the temperature recorded. Fridges used to store medication should have the highest and lowest temperature recorded by the thermometer noted each day to ensure optimum monitoring.

Administration of Medications and recording.

Medicines supplied for an individual child are the property of that child and The Medicines Act 1968 clearly states that medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. Therefore, medicines obtained in this manner may not at any time be used for another child and must not be used for a purpose that is different from that for which they were prescribed.

Barnardo's colleagues must not tamper with prescribed packs of medication i.e. by mixing medicines, as this may lead to potential claims under product liability law. This applies to the receipt of new supply of medications. The original supply must be finished first.

It is the responsibility of the designated member of staff to ensure that stock levels of medication are kept at an appropriate level.

Certain critical medications such as insulin and anti-epileptics are more time critical and missed doses can be extremely dangerous and therefore anyone administering them should be aware of what they are and when to give them.

Preparation.
Collect all the equipment required:

- Jug of water and cups
- Spoons and syringes
- Medication record charts and pen
- Medication
- Tissues
- Take the child/young person to the medication and check and confirm the identity of the child/young person.

Wash hands thoroughly and explain the procedure to the child. Administer medication in a quiet area away from distractions. Only administer medication to one child at a time.

Where possible two carers should be present:

- To check correct names on container, correct medicine, dose and time.
- To check Medication Record Card and correct child.

Medication must never be dispensed for someone else to administer at a later time or date.

Process of Administration.
Check the medication is in date.

Read the medication label for the five rights of administration:

- Right medication (expiry date & correct packet)
- Right dose
- Right time
- Right route
- Right child

It is essential that the person administering the medication cross references the medication label with the MAR and checks that the medication has not already been administered. The person administering the medication should also ensure the young person has not self-medicated or been given any medication by parents/carers/relatives prior to returning to the setting.

Transfer tablets or capsules from the container into another receptacle, i.e. plastic medicine spoon or medicine cup. Do not touch by hand. Do not crush tablets/capsules unless directed to do so by a pharmacist or doctor.

Pour liquids with the drug label on the bottle facing up to prevent spillage onto the label. Hold the medicine cup at eye level when pouring liquids out.

Give medicines that are prescribed daily at the same time each day. Divided doses should be given at times spread out evenly across the day.

Give the medication to the child/young person and observe that it is swallowed.

Record immediately on the MAR that the medicine has been taken by the child and the quantity of medicine dispensed. Sign in the space provided and lock the medicine away.

The MAR is a working document and the signature of the person administering the medication and the date of administration must be linked to a specific medication. This is to facilitate audits at a later date and to ensure that the records are clear.

Record also if a child refuses medication or is not taken for any other reason e.g. absent from home.

Record if medication is spilt or dropped and re-administered.

Record if medication is regurgitated but DO NOT re-administer.

If the child refuses to take the medication, inform the senior on duty who will then inform the manager, if necessary, and, if appropriate, the child's parent. Advice may be needed from the GP or from the Nurse for Children in Care.

When medication is discontinued by the GP or the course has been completed, a line should be drawn through the remaining section of the MAR, dated and signed.
If a child has difficulty accepting medication, advice should be sought from a health professional who knows the child and a plan of action recorded on the child's file as to how best to deal with this.

Self-Administration.
Some young people may wish to manage and administer their own medication e.g. antibiotics, asthma inhalers, contraceptive pill, eczema cream, insulin. Ideally this should be done after discussions have taken place between the young person and the Registered Manager and a risk assessment has been completed.

Wherever possible, consent to self-administer should come from someone with parental responsibility. Where this is not possible, further discussions need to take place between the Registered Manager, social worker, a Principal Manager and relevant Health professional.

Capacity to make decisions is based on a 'here and now' principle. It is possible that a person will be considered to have capacity at some times for some decisions and not at others. A person may withdraw consent at any time. It is not enough that they have consented 'at some time'.

Consent and capacity to consent is outlined here: Consent to treatment - Children and young people - NHS. Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent. But in summary:

A person under 18 is defined as having the capacity to consent if:

- They can understand and remember the information they were given about treatment and
- They can interpret the information given and make a meaningful decision based on this information and
- They can communicate their decision by talking, using sign language or by any other means.

Disagreeing with the information presented does not result in the person lacking capacity. Capacity is always assumed. It must be shown that the person does not have capacity; for another person to make decisions, which must then be shown to be in the best interests of the person under the Mental Health Capacity Act 2005.

A thorough assessment must be undertaken for anyone potentially administering their own medication. Areas needing to be covered include:

- The young person understands their medical condition and the side effects of any misuse of medication
- The young person understands the importance of administering the medication at the correct time, correct method and correct dosage
- The Manager and carers are aware of the side effects of the medication and how to respond in an emergency
- The storage of the medication

The medication will need to be stored in a locked cupboard in the young person's room.

A written record of the name, strength, dosage and quantity of medication received into the home must be recorded on the medication chart and it should be identified on the young person's health plan that they are administering their own medication. Colleagues should monitor the need for repeat prescriptions and order it if this supports the young person.

The young person will not be required to complete a medication record for self-administration.

Self-administration should also include oral contraception. Carers should be aware of the sensitive nature of contraception for the young person. There may be issues of confidentiality to consider so carers need to be clear about who knows about the young person and what the young person's views are on people knowing. A health professional would only prescribe the Pill to a young person assessed as being competent to take it. Therefore, if there are any concerns over compliance advice should be sought from the professional who prescribed it.

With regard to sexually transmitted infections (STIs), only young people themselves should apply their prescribed cream, not carers. If any concerns arise about then advice should be sought from the health professional who prescribed the medication.

If a child/young person is clearly under the influence of alcohol or some other substance or if a young person has a history of overdosing and carers feel that following a risk assessment there is potential for this to occur, carers may need to withhold medication from the child/young person. If carers are unsure whether to withhold any medication they should contact:

- NHS Direct England www.nhsdirect.nhs.uk / 111 / Local Drs Out of Hours Service
- Home NHS 24 Scotland Home | NHS 24
- NHS 111 Wales app.nhs.wales/login
- NI Direct Health services | nidirect

Contraception - NHS (Contraceptive pill advice)

Find drug and alcohol support near you | FRANK

Administration Away from Setting/Home.

When a child is away from the setting/home overnight, medication must be taken in its original container. Medicines must not be dispensed into unsuitable containers i.e. envelopes.

Appropriate entries in the MAR and the child's records must indicate that the child has been away from home and details of the amount of medication the child has taken with them should be made.

If a child/young person has prescribed medication that it is to be taken both at the setting/home and at school, it is vital that the carers liaise closely with the Designated Teacher and the school health nurse to discuss how best this should be managed. Refer to the appropriate school policy for guidance.

Transport of medication
The transport of any medication (i.e. between a home and a school setting) should be documented in the CYP MAR. The medication should:

- Be transported in a sealed container (with the name and DOB of the CYP)
- Be both signed out of and signed into (on the MAR) its origin. Recording any medicines used or disposed of.

Disposal of Medication.

When the child no longer lives/attends a Barnardo's setting any remaining prescribed medications should go with the child to their new home. The transfer of medication should be detailed on the MAR and in the child's records.

To provide an audit trail, prescribed medicines that are not used should be returned to the pharmacist and the disposal recorded on the MAR and on the child's file. A receipt should be obtained and attached to the MAR.

Expiry dates on home remedies i.e. Calpol/Paracetamol should be regularly checked and if out of date should be returned to the pharmacist for disposal.

When disposing of medications, expired or not needed. Medication is to be clearly labelled, as "not to be used" and stored separately to other medications.

Controlled Drugs.

Controlled drugs will only be prescribed in exceptional circumstances.

Receipt of controlled drugs e.g. morphine sulphate, methylphenidate - As for Section 9 but two carers must sign for receipt of controlled drugs.

Storage of controlled drugs – As for Section 7/8.

Controlled drugs must be stored in a locked box within the locked medicine cupboard. The key for the box must be held by the designated person and MUST NOT be on the same key chain as for the generic medicines.

Administration and recording- as for Section 9. (To also include) Administration of controlled drugs should be recorded each time in a controlled drug register with the balance of all CDs checked daily by authorised colleagues. These registers can be obtained by the service manager from the head of corporate safety.

Follow the preparation process and the five rights of administration as detailed in Section 9, but there must be two carers to administer and witness the administration. The MAR must be signed immediately by both carers.

Record the amount of medication left on the young person's medication sheet.

Any cases of theft must be reported immediately to the police and a Registered Manager. Disposal – as for Section 9.

A signature of the receiving pharmacist or carer should be obtained on the MAR stating the amount of medication received.

Home Remedies.

A home remedies list is intended to meet a recognised need to treat minor ailments without necessarily consulting the child's GP. Preparations listed for use as home remedies should be purchased directly by Barnardo's colleagues in the settings. Dosage instructions should be clear; the date of purchase should be recorded and all remedies stored in the locked medicine cabinet.

The use of home remedies for children in Barnardo's settings should be similar to their use within a home setting. Home remedies should be administered at the discretion of the person in charge of the setting and can be delegated at the discretion of the person in charge.

Barnardo's colleagues will need to consider cultural practices undertaken in relation to home remedies, e.g. herbal chewing sticks that help digestion and oral hygiene are popular in India and Pakistan and may be used instead of prescribed medication. However, the safety of the CYP remains paramount so colleagues are advised to seek advice from a Health professional if they are unsure whether any home remedy should be administered.

Home remedies are to be taken by mouth and should be used for acute self-limiting conditions only and may be administered to a child for a maximum of 48 hours providing that there is no deterioration in the child's condition. If it is considered that there is a need for continued treatment, the child's GP should be contacted. Topical/external preparations included in the list should be used according to the criteria and instructions given. Any home remedy given to a child must be recorded on the MAR, and should be stored, administered and disposed of as for prescribed medication.

When a child becomes resident in a home the key worker should ensure that they are clear as to:

- Any allergies the child has.
- Any medication the child is taking.
- Any reactions the child has had to medications.

At the planning meeting consent should be sought from whoever has parental responsibility to the administration of the identified home remedies that the child may be given and information given on when the medication would be administered.

The consent for home remedies and the consent for medical treatment should be retained on the CYP file.

Minor Conditions that may be resolved with a Home Remedy.

Carers can check with NHS Direct, Tel 111, or with child's GP or Pharmacy if they are unsure about the child's condition.

Cuts and Grazes.
Carers should be advised to wear gloves if dressing any open wounds where contact with body fluids is likely to occur. Ref: Guidance 14 - Control of Body Fluid Borne Infections.docx

Cuts and grazes should be washed with water and cleaned thoroughly and allowed to dry. They can be covered with a hypoallergenic plaster or an individually wrapped dressing. The use of antiseptic creams is not recommended.

Dry Skin.
Aqueous cream - a useful moisturiser. E-45 cream - a non-greasy softening/soothing un-perfumed cream. This is useful for dry chapped skin. Some people may be allergic to the lanolin content.

Many topical creams used to treat dry skin/eczema (e.g. cetraben) contain paraffin which is highly flammable and therefore any children or young people or anyone assisting with administration who may be exposed to sparks e.g. from cigarettes should be extremely cautious.

Sunburn.
Prevention is better than cure. Use a sunscreen with a high blocking factor i.e. Factor 25 and above, particularly for sensitive skins. Hats and tee shirts should be worn during the summer. Summer sun should be avoided between 12 midday and 3pm. Calamine Lotion will help to relieve mild burning. If sunburn is severe, seek medical advice. Certain drugs may predispose towards photosensitivity reactions (i.e. may react to the sun). Check with the local community pharmacist.

Eye Care.
For foreign bodies, bathe eye in warm water. An eye bath may be used. Consult your local NHS online service (see links on page 6), or GP if the eye is splashed with irritants i.e. bleach. If the eye, or surrounding skin, is inflamed and has a yellow/green discharge or is encrusted consult the child's GP.

Foot Care.
Always get a diagnosis from the child's GP if either athlete's foot or a verruca is suspected. Children with Diabetes Mellitus should always see the GP for foot care.

Bites/Stings.

If the bite or sting is to the mouth, ear, eye or nose, consult the child's GP or countries NHS online service. If lips begin to swell or the child has difficulty breathing, dial 999 immediately. For bites/stings on children aged 10 years and over you can use 1% Hydrocortisone cream (Hc45). NB: Do not use hydrocortisone cream on the face Urticaria, (itching i.e. from nettle rash). The following can be applied directly to the skin for relief of itching

- Calamine Lotion
- Witch Hazel Gel

Constipation.
The use of laxatives in children is undesirable. Constipation is often remedied by adjustment of lifestyle and diet. An increase in dietary fibre, fluid intake and exercise may be sufficient to regulate bowel action. If constipation last longer than 2 days or is accompanied by severe abdominal pain or vomiting, consult child's GP.

Hay Fever.
Seek advice from a GP as the child may be allergic to something else rather than have hay fever. This will also enable appropriate medication to be prescribed for the child and repeat prescriptions can also be requested.

Cough.
If the cough lasts longer than 1 week or produces green/yellow sputum or if the child has a temperature consult child's GP. Ref:High temperature (fever) in children - NHS

Diarrhoea.
The most important treatment is to give the child plenty of water to drink to prevent dehydration. Consult the child's GP if the condition persists for longer than 48 hours, if the condition deteriorates or the child is unable to keep fluid down because of vomiting.

Precautions.
For any persistent pain, painful movement or pain that is not controlled with paracetamol consult NHS Direct or child's GP. Always check that any prescribed medicine does not already contain paracetamol before giving any of the above paracetamol preparations.

Medication for Barnardo's colleagues

Carers (including volunteers) requiring medication e.g. paracetamol, or other prescribed medication such as diabetic medication, whilst on duty should make their manager aware. A separate supply of non-prescribed medication (i.e. paracetamol) should be kept for this purpose, and it should be appropriately recorded and stored safely.

Medication Errors & Reporting i.e. Overdosage or Medication given to Wrong Child

Please refer to Barnardo's Medication Errors & Reporting Policy 3. Policy Medicines Management & Errors DRAFT V2 2025 01 09.docx

Check the child is not suffering an adverse reaction.

Contact the child's GP, a local pharmacist or countries NHS direct/online service for advice.

If the child is suffering an adverse reaction e.g. collapse/difficulty in breathing, summon an ambulance via 999. Provide first aid care. In both instances the Registered Manager must be informed and, where appropriate, the child's parents.

How Medication Errors are Managed.
Medication errors can pose a threat to the child and young person as well as the charity. The members of colleagues who made the error can also be affected.

Broadly speaking, medication errors may involve:

- Prescribing error,
- Preparation error,
- Dispensing error,
- Administration error
- Monitoring error.

The procedures in this policy describe how to manage medication errors including immediate actions to consider as well as long-term actions.

Mistakes include incidents where:

- Medication is given to the wrong person,
- The wrong medicine is given,
- The wrong dose is given,

The investigation that follows will always work systematically through the whole process of medication administration to identify the source of the error and to determine the corrective action/s required to rectify the system and to prevent any future occurrences.

IMMEDIATE ACTION.

1. The medication error must be documented in the child's records and on the Medication Administration Record (MAR).

2. The person who made the error will record the incident using the SORT (Safety Online Reporting Tool), which will align with Barnardo's Patient Safety Incident Response Framework (PSIRF). Safeguarding/Safety Online Reporting Tool | Inside Barnardos

3. If the service is an NHS service, the incident will also need to be reported on LFPSE (Learning from Patient Safety Events). Service managers will already have access to LFPSE.

4. Our commitment to the Patient Safety Incident Response Framework | Barnardo's

5. NHS England » Patient Safety Incident Response Framework

6. For moderate and severe harm, for CYP safety incidents, Regulation 20 Duty of Candour must be considered and guidance for colleagues can be found in the organisations policy Safeguarding | Inside Barnardos and the overarching Principle of 'Being open' should apply to all incidents.

7. For moderate and severe harm, the incident will be considered for a PSIRF specific safety response. For advice on this, managers can contact the Head of Corporate Safety or Strategic Lead for Quality & Clinical Governance,

For incidents of moderate and severe harm, involving CYP safety. Regulation 20 Duty of Candour must be considered and guidance for colleagues can be found in the organisations policy Safeguarding | Inside Barnardos . NB: The overarching principle of 'being open' should apply to all incidents.

All mistakes, including near-misses (*NHS England / Scotland / Wales & Northern Ireland) defines a near miss as a 'prevented patient safety incident'. A 'near mis' is an event that did not cause harm but had the potential to cause injury or ill health. Reviewing near misses can provide useful learning and identify areas for improvement. These records must be made available to inspectors* and local commissioners as required. NB: This applies even when a mistake has been discovered early enough to prevent any harm.

Medication-related incidents that have resulted in harm to a child or young person will be notified by the service manager to the relevant care inspectorate/regulator for the nation, under its notification procedures and should also be reported to the local children's services authority for investigation and further action.

Initial investigations will usually be carried out or arranged by the service manager, who will draw on expert advice and guidance as required by the errors being investigated, e.g. senior nursing and other clinical colleagues, pharmacist and GP. In some more serious instances or situations where there might be weaknesses in systems, the service manager may seek to appoint an independent person (e.g. a pharmacist or consultant), with the appropriate qualifications and experience, to carry out the investigation required.

Where safeguarding matters are being investigated, the service will follow the policies and procedures set out by the local safeguarding children's partnership. It will also consider any requirements of the relevant care inspectorate/regulator in response to any notification it has made. This link will take you to Barnardo's safeguarding internet page, where you can find safeguarding polices, resources and information on how to report and incident: Safeguarding | Inside Barnardos

The administration of Covert Medication

Barnardo's recognises that on occasion, colleagues who are appropriately trained in medicine administration, may be required to administer medication to children/young people in a covert manner.

Covert administration is when medicines are administered to a person in a disguised format without the knowledge or consent of the person receiving them (e.g. in food or in a drink).

There might be situations where the young person declines their medicine and have the capacity to make these decisions, colleagues should record that the young person has declined and the reason why (if a reason is given) documented in the MAR. MAR_Proforma_blank.docx

The prescriber should be asked to review the young person's treatment or administration process for possible other ways to administer medicines. However, there might be situations where this happens regularly or may present a risk to the young person's health or risk to others if medications are not administered. It is during these exceptional circumstances that colleagues must try to consider other ways to get young person to take their medications and covert administration is one of the options often considered for a short term.

Colleagues should ensure that the covert administration of medication is appropriately used only in exceptional circumstances; provide guidance on the process for assessing, consulting, documenting, administering and monitoring of covert administration of medication, to ensure it is carried out lawfully; ensure that if covert administration happens within any service, that it has been properly considered and that the practice is transparent and open to scrutiny and audit.

Barnardo's medicines policy is used as a framework for the use of covert administration which complies with legal requirements and provide governance structure to protect young people and colleagues; enable the delivery of effective care in the service setting, without compromising safety, or open to abuse.

Children and young people should not be given medications without their knowledge if they have the mental capacity to make decisions about their treatment and care.

For young people with swallowing difficulty, sometimes the medication can be administered with soft food or in a drink and this would not be considered as covert if they are fully aware and have consented (and has mental capacity to give valid consent which has been recorded), to having their medication administered in this way. The young person must be advised by colleagues that their medication has been mixed with food or liquid every time it is administered, and this should be clearly documented.

When medication is mixed with food/drink, colleagues must ensure that the entire dose is administered to the young person and that it is not left unattended, ensuring that no other young person has access to it. It is also important to note that crushing medications and mixing them with food/drinks often renders the medication unlicensed. Therefore, the prescriber/pharmacist must be consulted and authorise such practice prior to administering medication in this way. Colleaguesmust contact the local pharmacy team for written advice on crushing medications and/or mixing medications with food/drinks.

3. Version History

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