First Aid, Home Remedies, Allergies and Medication Policy

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Regulations and Standards:

The Children's Homes Regulations 2015:

- Regulation 10 - The Health and Well-being Standard.
- Regulation 23 – Medicines.

Contents:

1. First Aid:

Each HND Children's Care Ltd home must have a qualified First Aider on duty at all times.

First Aid boxes should have a white cross with a green background; must be held in each home and should be carried in each of HND Children's Care Ltd / pool vehicles used for the transportation of children.

Each box has an inventory that must include the full quantity of each item stipulated in the box. When an item has been used, then it should be replaced as soon as possible.

Recording:

The administration of First Aid must be recorded in the First Aid Log, Accident Book (if there has been an accident), individual Child's Daily Record and Medication Administration Record (MAR) if required.

2. Home Remedies:

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

It is HND Children's Care Ltd policy to NOT store 'home remedy' type medications within HND Children's Care Ltd homes; only medicines prescribed by a medical professional may be stored within our homes.

However, HND Children's Care Ltd will always provide the children with sunscreen to protect against the burning and damaging effects of the sun. Where possible, children should be directed to self-administer this (apply this themselves). There may be occasions, if, for example, a child in HND Children's Care Ltd care has additional needs (learning needs, physical disabilities, and sensory impairments for example), that we are required to apply sun cream; in this instance consent must be in place from the person who assumes parental responsibility (usually the child's parent and / or local authority).

3. Allergies:

DEFINITIONS & BACKGROUND INFORMATION:

An ALLERGY is a specific response by the body's immune system to a substance (eaten, touched, or inhaled) which it mistakenly identifies as harmful.

Contact with this substance triggers the release of histamine, a chemical released by the cells of the body's immune system. This causes contraction of the muscles around the air passages (an attack of breathlessness or asthma), local swelling, skin irritation and if serious enough, a drop in blood pressure.

The most severe allergic reaction is ANAPHYLACTIC SHOCK or ANAPHYLAXIS. The body becomes flooded with histamine causing immediate swelling of the air passages, mouth and throat, a rapid drop in blood pressure, and loss of consciousness. Anaphylaxis is life threatening but can be treated through the speedy administration of adrenaline / epinephrine to counteract the release of histamine.

Young children can have particularly vulnerable immune systems compared to normal

healthy adults and are therefore more susceptible to allergic reactions.

Allergens:

The Home has a legal obligation to provide information about allergenic ingredients used in foodstuffs and meals provided by the Home. The EU Food Information for Consumers Regulation No. 1169/2011, and the Food Information Regulations 2014 lists 14 major allergens which must be declared. These 14 allergens are recognised as the most common and potent sources of food allergies:

- Cereals containing gluten – namely wheat (including specific varieties such as spelt and Khorasan), rye, barley, oats and their hybridized strains, and products thereof.
- Crustaceans – for example lobster, prawns, crabs and crayfish, and products thereof
- Eggs – including those from hen, duck, goose, and ostrich etc.) and products thereof.
- Fish – and products thereof
- Peanuts - and products thereof
- Soybeans / soya - and products thereof
- Milk – including that from cows, goats, sheep etc, lactose, and products thereof.
- Nuts – need to declare the presence of almond, hazelnut, walnut, cashew, pecan, Brazil nut, pistachio nut, and macadamia nut (Queensland nut), and products thereof.
- Celery – including celery leaves, seeds and celeriac, and products thereof. – Mustard
- and products thereof
- Sesame seeds - and products thereof
- Sulphur dioxide and sulphites (where added and is above 10mg/kg in the finished product – often found in wine and dried fruit
- Lupin - and products thereof
- Molluscs – for example clams, oysters, scallops, snails and squid, and products thereof

It is also possible for persons to suffer adverse reactions to certain foods which have not sparked an immune system response. These responses are normally classed as INTOLERANCES or SENSITIVITIES and have a very wide range of causes, symptoms, and degrees of severity. However, they nearly always manifest as part of some other condition or illness.

PROCEDURES:

The preliminary Baseline Assessment of Needs of prospective children will have identified details of any special dietary needs that the person may have. This will address:

- food allergies, intolerances, and sensitivities.
- foods prohibited for clinical reasons, e.g., as a result of a special diet etc. - foods forbidden by reasons of religion or culture (ref. Form No 3-008 for a complete summary).

This information is noted in the children's care or health plans and risk assessments where appropriate.

Staff receive training in food allergies. An essential part of this training requires staff to be knowledgeable of the ingredients in purchased ready-to-eat foods, and to retain a list of ingredients of all dishes prepared by kitchen staff from raw ingredients.

The home manager will ensure that children's special dietary requirements are passed on to all staff. If required, staff will discuss specific dietary needs with the children / advocate / responsible person from a knowledge of food ingredients, to ensure that an acceptable diet is provided.

Staff First Aid training will include the diagnosis and treatment of adverse reactions to foods, including anaphylactic shock.

Epi Pen:

Where a child possesses an Epi-pen this will be kept with the child's medication in an appropriate secure location. If anaphylactic shock is suspected, and there is no Epi-pen available, an ambulance will be summoned IMMEDIATELY. The emergency services must be advised that anaphylaxis is suspected so that adrenaline is available.

IF ANY CHILDREN REQUIRE THE USE OF AN EPI-PEN, THE MANAGER MUST ENSURE THAT TRAINING IS SOURCED AND PROVIDED IN RELATION TO ITS ADMINISTRATION.

4. Key First Aid / Medication Records held in the Home:

Each HND Children's Care Ltd Home should keep the following records:

First Aid Log	To record any administration of First Aid
Accident Book	To record any accidents
Medical Record	Individual record for each child, details of health-related issues, medication used, name of GP
Controlled drugs	Individual record for each child to record the administration of any controlled drugs
Medication Administration Record (MAR)	Individual record for each child to record any medication administered

Medication:

Ordering Ongoing Medication:

Some children will have prescribed medication, which is ongoing. This should be ordered on a monthly basis where possible. Responsibility for ordering these medicines is that of the Registered Manager or a delegated person/member of staff.

When ordering, a note must be made of:

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

When ordering, staff should check stock levels / Stock Control Sheet before ordering. To minimise wastage and reduce risks of errors, stock levels should be kept to a minimum. Additionally, all medications are to be audited on the stock control sheet on a weekly basis, preferably with x 2 staff signatures.

Collecting Prescriptions:

Staff should collect prescriptions from the GP / surgery and check to make sure that they have received all the prescriptions they have ordered, and the quantities are correct before taking to the pharmacy. If a medicine has directions of 'as directed' or 'as before' then the surgery should be asked to amend the prescription. Staff should check with the pharmacy as to when the prescriptions will be ready for collection (they may be able to wait on it).

Receiving / Collecting Medicines:

Staff must take their ID when collecting medicines or controlled drugs.

The Pharmacy will be able to give advice on:

- Potential side effects
- Advice on how the medicine should be taken.
- Advice on whether the medicine may be affected by any other medicine.
- Whether the medicine should be stored in the fridge

If the medicine is a Controlled Drug:

HND Children's Care Ltd Staff should ensure that the medicine has been properly labelled. If the medicine does not have a dispensing label on it, then it should be returned to the pharmacy. Staff should also make sure that they have received a Patient Information Leaflet from the pharmacy. If it has not been received, then the pharmacy should be contacted and one requested.

The receipt of medication should be recorded on the individual child's Medication Administration Record (MAR), if a Controlled Drug has been prescribed, 2 staff should record / sign the record.

Administration:

NOTE: all staff must be familiar with the following detailed guidance on the administration of medication:

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

- Medication should be administered as set out on the label or instructed by the GP / Medical Practitioner.
- No child may be permitted to 'self-administer' unless approved by their social worker or medical practitioner, with the arrangements outlined in the Placement Plan.
- Administration should be recorded on the individual child's Medication Administration Record (MAR), if a Controlled Drug has been administered, 2 staff should record / sign the record.
- Only trained staff should administer medication – the home's manager is responsible for ensuring that they receive training in the administration of medication.

Storage and Expiry Dates:

All medicines must be kept in a safe/secure place, e.g., a locked cabinet that does not exceed 25C*.

Medicines that require refrigerated storage should be kept in a dedicated lockable fridge; the maximum and minimum temperature should be recorded on a daily basis on the handover sheet. Both these temperatures should be between 2 and 8C.

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

Disposal:

Medication should be disposed of when:

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

Unless instructed by a GP / Pharmacy, unused / expired medicines should be returned to the pharmacy, and a receipt obtained.

Care staff are to ensure that the Form `Disposal of Prescribed / Non-Prescribed Medication` is used when disposing of all medications and that it is recorded on the individual child's / young person's Medication Administration Record (MAR), and the receipt attached. TWO staff should record/sign the records.

PRN Medication:

What is a PRN medicine and when should they be administered?

PRN (Pro Re Nata) medicine should be administered 'when required', usually when the individual deems, they are in need of it. In some circumstances, according to the individual's care plan and policies and procedures, the care giver may also be required to decide about the appropriate administration of a PRN. 'When required' medicine is managed differently to normal monthly cycle medicine, which is only offered during the normal medicine rounds. It is to be administered when the individual requires it, so it should be offered and available outside of these times. It is advisable to have clear instructions about managing, administering, and recording PRN medicines as part of your local policies and procedures. (NICE guidelines).

As good practice, the home should have a clear record of the following:

- The name of the medicine
- The purpose of the medicine (e.g., to relieve pain)
- The dose of the medicine (whether this is non-variable, such as take 1 tablet to manage pain, or variable, such as take 1-2 tablets according to the pain). This should be detailed by the prescriber, to underline in what circumstances each dose of medicine should be given.
- The route of administration (e.g., to be taken orally)
- How to take the medicine (e.g., tablets, to be swallowed whole, to be taken with a meal)
- The frequency of the medicine (e.g., every four hours until symptoms subside)
- The minimum interval between doses
- The maximum allowance in 24 hours (e.g., no more than 8 tablets in 24 hours)
- What the drug expected outcome is (e.g., no longer in pain)
- The review date and any possible symptoms that would trigger an automatic review (e.g. if they present with these symptoms, please call the doctor immediately)
- The outcomes of each review also should be noted to keep the individual's notes up to

date.
- Other medicines being taken that contain a similar ingredient or are of a similar therapeutic class, which may cause an overdose (e.g., are they taking paracetamol and a paracetamol containing medicine such as co-codamol)

(NICE guidelines) (NHS Choices)

The above information is normally provided by the prescriber either on the prescription or verbally. The pharmacist is obliged to put all instructions from the prescription on the medicine label and print them onto the MAR, so it can be followed by the home's staff. If there is information missing, then please discuss this with the prescriber / Doctor.

Appendix 1: Administration of Medication Guidance:

All medicines must be administered strictly in accordance with the prescribers (or as advised on the packet in relation to homely Remedies) instructions. Only the prescriber (e.g., GP) can vary the dose. Medicines must be locked away in the locked storage areas when not in use and the keys for these areas must be kept in the key cabinet.

Before administration, HND Children's Care Ltd staff should:

- Wash their hands.
- Ensure that water is provided for the child/young person.
- Clean dry glass or drinking vessel.
- The procedure for administration is as follows:
- Check the child's identity (a photo is normally kept in the child's file). Only one child should be administered medication at a time, this reduces the risk of mistakes being made.
- Check the child's medical profile.
- Check the medication on the Individual Medication records corresponds with that on the child's Medical Profile.
- Check the Individual medication record sheet to ensure that someone else has not already given the medication.
- Check the expiry date and use by date (where appropriate) on the medication.
- Check the amount to be given at that time.
- If opening a new container, add the date.
- Measure or count the dose without touching the medicine.
- If the medicine is a solid (such as a tablet) then carefully place into a medicine pot and offer to the child. They may wish to put it in their hand or swallow straight from the medicine pot.
- If the medicine is a liquid, take care not to drip on to the label. If the amount to be measured is less than 5ml, then use a medicine syringe otherwise use a medicine spoon or measure.
- If the medicine is a cream or ointment, then it should be squeezed directly onto the child's finger to apply them. If necessary, to be applied by staff, then latex / pvc gloves

must be worn.
- When administering a Controlled Drug, another member of staff prior to it being given must check the dose.
- Watch the child as they take their medicine- some are known not to swallow the dose.
- Offer the child a drink of water (where appropriate)
- Check that the medication is recorded in all the appropriate records.
- Print and sign your name against each medicine administered.
- Record when medicine has been refused / not taken and the reasons why.
- If a child / young person is absent when medication is due - this should be recorded.
- Do not sign for any medicines that you have not administered or witnessed yourself.
- If a child refuses to take medication, under no circumstances should they be forced to do so.
- Medication must be kept in the original labelled (by the pharmacy) containers and not put into weekly / daily medical boxes.
- After administration, the medicines should be returned to the cabinet immediately and the cabinet locked.
- Each time you give medication, remember that it is important to consider the time of administration. Care should be taken to ensure that if the medicine is required to be taken before food that this is made to occur. Similarly, the administration of some medicines such as eye drops, or inhalers may not be suitable to be given at mealtimes. Not all medicine administration times will fall in line with mealtimes.

Appendix 2: Specific Issues Regarding Administration of Medication:

Swallowing Problems:

Staff may find that some children may struggle with swallowing their medicines. The child's doctor should be contacted for an alternative. Under NO circumstances should staff take it on themselves to crush tablets without seeking advice from the doctor or pharmacist. Any advice given should be recorded.

Medication Refusal:

When a child refuses to take their medicine, then the G.P. should be contacted for advice (or 101 out of hours). This information must be recorded and followed. Children cannot be forced to take their medicines.

If a Young Person is absent when the Medicine is due:

When a child is absent, and their medication is due, this should be recorded. When the child returns to the home, then staff must consider the time delay and seek advice from the pharmacist, the doctor or NHS Direct website depending on the time of day. To miss taking a medicine completely can be dangerous depending on the medical condition

Covert Administration

Covert administration is where a medicine is hidden in food and the person does not know that they are taking it. Residential staff MUST NOT hide any medicine in food without prior authorisation from a GP / Doctor – this must be clarified in writing.

Lone Working:

In some homes, staff may be required to work on their own for a period of time. It may be the case that the administration of a medicine will have to happen during this period. Staff should ensure that they double-check themselves and record the period of time for when they were lone working.

This can be a problem when administering Controlled Drugs. It is important that the child receives their medicine at the correct time therefore the member of staff administering the medicine must also record that they were lone working in the register. It is not acceptable for a staff member to sign the register when they come in. You cannot be a witness to something you have not seen happen.

Spilled Medicines:

When a medicine has been dropped on the floor then this must be placed to one side for disposal and a note must be made in the records. A second dose should be offered to the child.

When a medicine has been spat out then again this must be placed to one side for disposal and a note made in the records. However, a second dose must not be offered, as staff will not know how much has been absorbed. The doctor should be contacted immediately for advice.

Detached or Illegible labels:

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

Secondary Dispensing:

HND Children's Care Ltd Staff must ensure that medicines stay in the containers supplied and labelled by the pharmacist. Medicines must not be placed in daily or weekly medicine trays.

Medication Errors:

In the event of an error being made in the administration of any medication, advice must be sought from the child's G.P. or another medical practitioner / help line (e.g., NHS website, NHS 111 phone line) immediately or as soon as the error has been discovered. Staff must record the advice that they have been given.

Verbal Altercations:

There may be times when it is necessary to stop or change the dose of a child's medication without receiving a new prescription. Verbal requests to change medication by the doctor must be confirmed in writing before any changes are permitted. These changes must be recorded on all relevant medication records including the Individual Medication Record in the child's file. Staff must note the change, the name of the doctor, the time the confirmation of alteration was received and the date. Staff must not alter the dispensing labels. A note may be added saying 'Refer to record for new instructions'. Staff should check the next prescription to make sure these new changes have been implemented.

Adverse Drug Reaction:

Any adverse drug reaction or suspected adverse drug reaction should be reported to the G.P. before further administration is considered or advice sought from (e.g., NHS website, NHS 111 phone line). Advice should be sought on whether the medicine should be stopped, or the treatment carries on. Staff must record the advice that they have been given, indicating the date and time and authorising practitioner. In an emergency, staff should call 999.

Drug Recalls:

When a Drug Recall notification is received then staff should check the medication to see if the unit is holding any stock. If there is none in stock then the notification should be signed, dated, and filed for reference.

When stock, if found, that is listed on the drug recall, staff must follow the directions given after isolating the said item/s.

Appendix 3: Administration away from the Home:

If a child spends time away from the home, either on home visits, holidays or time spent at school, any medication due to be taken must be kept in the original labelled container.

Any medication taken away from the home should be appropriately recorded on the individual child's Medication Administration Record (MAR), showing what medication has been taken away / handed over to carers / parents. The person receiving the medication should countersign the record.

If the carer / parent wishes, a copy of the MAR should be handed over to them, so that a record of administration can be kept; this may be handed back to the home when the child returns.
If the person who is responsible for the child is a member of staff, then they must complete the documents for administration while they are away as normal.

The medication should always be handed over to someone responsible for the child.

Appendix 4: Guidance: Intentional Overdose:

If an overdose is suspected, hospital treatment should be sought without delay. Staff should

try to find out what the child has taken and if possible, take a sample to give to a medical

- Pale skin
- Blue lips or fingernails.
- Not waking up or reacting to a loud noise.
- Shallow or disrupted breathing.
- Gurgling, snorting, or snoring/choking sounds.
- Slow or very faint pulse.

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

What to do if someone is reacting to an overdose:

- Lie them on the floor.
- Put them in the recovery position.
- Call the ambulance - 999 - inform the operator of the overdose.
- Do not leave the child alone, make sure they do not roll onto their back.
- Inform the ambulance team what the person has taken; try to gather all the packaging you can find.
- Get some help, keep other children away (but do not dismiss any valuable information that they may be trying to pass it on to you).

DON'T:

- Walk the child around.
- Put the child in a cold bath/layer them up too heavily to generate warmth.
- Give them a drink.

End.