

# Medication Policy and Procedures

**Last Updated: November 2025**

## **Purpose and Context**

Children and young people may require medication to be administered during a service they are accessing from Kids. Medication may be administered short term to treat a specific condition (such as finishing a course of antibiotics), long term (to treat conditions such as asthma), or in an emergency (to treat conditions such as epilepsy). This document gives guidance on the administration, storage and record keeping of medication for Kids' different settings in line with legislation and national good practice.

## **Scope**

This policy and procedure applies to colleagues working for or on behalf of Kids with responsibility for managing medication. See definition of colleagues.

The policy also sets out the responsibilities parent carers and children and young people have in supporting Kids to manage medicines safely and effectively.

This policy specifically relates to situations where Kids colleagues are involved in supporting children and young with the administration of medication. There will be occasions where colleagues work with young people who are able and have full responsibility for managing their own medication. Colleagues should follow this policy with regard to the safe storage of medication should young people require and take it during a service. The Risk Management Policy should be used to manage the potential hazards of this and young people refusing to take medication they have responsibility for.

## **Definitions**

A **buccal medicine** is a medicine given between the gums and the inner lining of the mouth and cheek. This area is called the buccal pouch. Medicine is usually given in the buccal area when it is needed to take effect quickly or when the child is not conscious.

**Controlled Drugs:** These are prescription drugs named in the misuse of drugs legislation. Drugs such as oramorph (morphine based) are Schedule 2 Controlled Drugs, the highest level that can be prescribed in the UK. Schedule 3 Controlled Drugs include midazolam and most of

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the barbiturate family (Schedule 1 Controlled Drugs are not prescribed). You can check for the most common ones on the [controlled drugs list](#). You can also read the full lists in both the [Misuse of Drugs Act 1971](#) and schedules 1 to 5 of the [Misuse of Drugs Regulations 2001](#).

**General Sales List medicine (GSL)** medicines that can be sold in retail outlets as well as through pharmacies, albeit often in small quantities. All of the products must be sold in manufacturers' original packs, in addition the premises needs to be able to be closed i.e. the premises must be lockable. There are, however, a number of exemptions from these restrictions; more information is available from the MHRA.<sup>5</sup>

**Over The Counter medicine (OTC):** 'Over the Counter' **is not a legal classification** but a generic term that covers both General Sales List Medicine and Pharmacy medicines.

For the purposes of this policy document,

- Prescription only medicine will be referred to as 'prescription medicine'
- Pharmacy and General Sales medicine will be referred to as 'over the counter medicine'

**Pharmacy medicine (P)** can only be sold through a registered pharmacy under the supervision of a pharmacist; this means the pharmacist needs to be present before a P medicine can be sold.

**Prescription Only Medicine (POM)** usually require a prescription from a doctor, dentist, nurse, pharmacist independent or nonmedical prescriber. They can only be sold or supplied from a registered pharmacy and in accordance with a prescription.

**Colleagues:** The term includes employees, sessional workers, volunteers, students and Trustees of Kids. This is also extended to independent contractors who are undertaking direct work with children or young people on behalf of the charity.

## General Policy

As an Ofsted and CQC regulated provider, Kids has a legal responsibility to ensure the proper and safe use of medicines and that colleagues responsible for the management and administration of medication are suitably trained and competent.

As all medicines are potentially harmful, Kids recognises its responsibility in establishing robust medication management systems and processes to safeguard the well-being of children, young people, colleagues and anyone else that might be affected. We do this by adhering to eight core principles of safe medicines management as defined by NICE, the UK national centre of excellence for health, public health and social care (see [Managing medicines for adults receiving social care in the community](#), NICE March 2017 [link](#) ).

As a core minimum we will ensure:

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- 1) The individual needs and good health of children and young people is promoted: this includes administering medication when asked to do so by parents and / or carers and only if there is an accepted health reason to do so.
- 2) Only administer controlled drugs to a child or young person if they have been prescribed by a doctor, dentist, nurse or pharmacist.
- 3) Young people living in social care have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
- 4) Colleagues know which medicines each child or young person has and the service keeps a complete account of medicines.
- 5) Colleagues who help children and young people with their medicines are trained and competent.
- 6) Medicines are given safely and correctly, and staff preserve the dignity and privacy of children and young people when they give medicines to them.
- 7) Medicines are available when children and young people need them; unwanted medicines are disposed of safely where care services are responsible for this.
- 8) Medicines are stored safely.
- 9) Where relevant, the service has access to advice from a pharmacist.
- 10) Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

We are committed to upholding the human rights of disabled children, young people and adults and their right to be involved in decisions about their care and treatment. This includes respecting a child's or young person's choice to manage their own medication including any refusal or decision not to take their medication. Such instances will be managed carefully and sensitively. Kids would only consider administering a medicine covertly when it is in the best interests of the child or young person, for example, the medicine is necessary in order to save life, or to prevent deterioration in the child's or young person's physical or mental health, or to ensure improvement in the child's or young person's physical or mental health. Kids will take instruction and guidance from qualified health practitioners / teams before giving medication covertly.

Kids reserves the right to refuse to provide a service to a child or young person without their accompanying prescribed medication, including emergency medication. Any child or young person who would normally receive medication whilst in receipt of Kids services must have the medication to give to Kids at the point of handover. This will ensure the prescribed medication cycle is maintained or emergency medication is immediately available for the child's or young person's health and wellbeing.

Colleagues must check medication is correct before allowing children and young people to attend the session. Parents and carers will be asked to take their child / young person home and return them with the required medication if it is incorrect or they have forgotten it. If there is a safe time period in which the parent can deliver the required medication i.e. before the next dose needs to be administered, then colleagues can admit the child or young person to the service. This will be at the discretion of the service manager and subject to the child's or young person's risk assessment.

Kids will not be responsible for purchasing over the counter medication for children and young people. All medication must be supplied by parents/carers.

## **Roles and Responsibilities**

Training on this policy and procedure will be given during induction and updated through line manager briefings.

Failure to comply with this policy may lead to disciplinary action which could include summary dismissal or as grounds to terminate your contract with Kids.

## **Procedures**

### **Classification of medicines**

It is essential Kids complies with all pieces of legislation that relate to medication. The **Medicines Act 1968** provides the main legal framework for the prescribing, supply, storage and administration of medicines, classifying them into three main categories. The **Misuse of Drugs Act 1971** and **Misuse of Drugs Regulations 2001** define and govern the use of controlled drugs. Staff must be familiar with these pieces of legislation in order to manage and administer medicines safely and legally.

#### **(1) Prescription-only medicines**

Medicine classified 'prescription only' can only be obtained with a valid prescription issued by an authorised health professional. The prescription needs to be taken to a pharmacy where the medicine is prepared under the supervision of a pharmacist. Sometimes the prescription is filled at a dispensing doctor's surgery. A rectangular box enclosing the letters POM appears on the packs of prescription-only medicines. A member of the public cannot buy a prescription-only medicine (POM).

#### **(2) Pharmacy medicines**

People can buy products classified as 'pharmacy medicines' (P) but only from a pharmacy and in the presence of a pharmacist. These medicines, also called 'pharmacy-only medicines', are not usually displayed on open shelves. A rectangular box enclosing the letter P appears on the packaging of pharmacy medicines.

#### **(3) General sale medicines**

People can buy general sale medicine packs from retail outlets such as corner shops and supermarkets. The medicines—also called 'general sales list (GSL) medicines'—are also available for self-selection in pharmacies.

#### **(\*) Over-the-counter medicines**

'Over-the-counter (OTC) medicines' covers all general sale medicines and pharmacy medicines. The description conveniently distinguishes medicines that can be bought from those that must be prescribed. The term 'over the counter medicines' is informal and is not used in the UK medicines regulations.

#### **(4) Controlled Drugs**

Controlled Drugs are closely regulated because they are susceptible to being misused and can cause harm. To ensure that they are managed and used safely, the Misuse of Drugs Act 1971 and associated regulations (2001) sets out legal frameworks for governing their use. These are set out in five schedules.

##### **Schedule 1**

Drugs belonging to this schedule are thought to have no therapeutic value and therefore cannot be lawfully possessed or prescribed. These include LSD, MDMA (ecstasy). Schedule 1 drugs may be used for the purposes of research but a Home Office licence is required.

##### **Schedule 2 & 3**

The drugs in these schedules can be prescribed and therefore legally possessed and supplied by pharmacists and doctors. They can also be possessed lawfully by anyone who has a prescription. It is an offence contrary to the 1971 Act to possess any drug belonging to Schedule 2 or 3 without prescription or lawful authority. Examples of schedule 2 drugs are methadone and diamorphine (heroin), and cannabis (since November 2018). Schedule 3 drugs include subutex and most of the barbiturate family.

##### **Schedule 4 (i) & (ii)**

Schedule 4 was divided into two parts by the 2001 Regulations [as amended by the Misuse of Drugs (Amendment No. 2) Regulations 2012]

Schedule 4(i) controls most of the benzodiazepines. These drugs can only be lawfully possessed under prescription. Otherwise, possession is an offence under the 1971 Act.

Schedule 4(ii) drugs can be possessed as long as they are clearly for personal use. Drugs in this schedule can also be imported or exported for personal use where a person carries out that importation or exportation. The most common example of a schedule 4(ii) drug is steroids.

##### **Schedule 5**

Schedule 5 drugs are sold over the counter and can be legally possessed without a prescription.

#### **Important practice notes**

- There is nothing explicit in law to prevent Kids staff administering prescribed medicines or controlled drugs as long as the correct dosage is delivered in accordance with the instructions given by the prescribing doctor. However, it is illegal to be in possession of any drugs belonging to Schedules 2-4 without a prescription. It is therefore essential Kids services and colleagues have written permission from parent carers or young people responsible for their own medicine management and / or a doctor before they can handle and administer controlled drugs.

- A child under 16 years old should never be given aspirin-containing medicines unless prescribed by a doctor.
- Over the counter medication must not be administered under any circumstances, apart from when it is provided directly by the parent / carer with specific instructions to address a genuine medical need (e.g. antihistamine to suppress symptoms of hay fever) and is accompanied by a signed consent form. See section for details of obtaining consent and using Kids approved forms.

## Medication records

Meticulous and accurate recording of all medication received and administered is essential to ensure the wellbeing of the children and young people in receipt of Kids services.

Commissioners of Kids services and Kids service users (both the children themselves and their carers) should understand that Kids policies and procedures are designed to protect service users.

Any requirement for form filling and written permissions may seem arduous whilst in the midst of providing a service but it is essential Kids has a clear and accurate audit trail of its handling and management of medication. Colleagues involved in the management of medicines must therefore be familiar with and trained in completing, using and storing the following key documents. Example copies are shown in Appendices 1-9.

- **Kids Registration Form** – this includes an assessment of medication support needs when children and young people first join Kids services.
- **Medication Consent Form** – this records all medication used by children and young people together with the relevant permissions and consents for safe medicines management (e.g. sharing medicines information with third parties, Kids to support with the administration of medicines and for children / young people to self-administer). A set of medication consent forms are available for services to use:
  - **Medication Consent Form for administration of short term medication**
  - **Medication Consent Form for administration of regular medication**
  - **Medication Consent Form to share information about medication taken outside of Kids services with emergency services**

Note: The medication consent forms can be completed and signed by hand or electronically. The forms are currently set up for parent carers' signatures. Kids will be designing a similar set for young people to complete and sign independently of parent carers.

- **Care Plans** – this specifies how individual children and young people will be supported with their medicines and the active role Kids and / or children and young people will have; together with personal, cultural and religious preferences; approaches for assuring dignity in care and action to take in case of a medication emergency. There are a number of example medication care plans for service to use. These are stored on PeopleHR.
- **Individual Child or Young Person Risk Assessment (section 6)** this identifies and records hazards and control measures for supporting medication needs safely.

- **Medication Handover Form** – must be completed by Kids overnight and group activities e.g. overnight short breaks, residential holiday schemes, early years learning and care, play and leisure, adventure playgrounds. Handover forms must be completed each time these services receive or return medication. There are two versions for services to use:
  - **Medication Handover Form for Multiple Medication** (this form can be used for multiple medications and multiple days attendance)
  - **Medication Handover Form for Single Medication** (this form can be used for single medication over multiple days attendance)

Medication handover forms have been designed to be printed double sided to reduce the need for large number of paper copies.

- **Medication Administration Records (MARS)** – must be completed each time Kids supports a child or young person with medication. We have three versions for use in different settings as follows:
  - **Kids Medication Administration Record OVERNIGHT SHORT BREAKS (MARS - OVERNIGHT)** – for use at overnight settings.
  - **Kids Medication Administration Record COMPLEX MEDICINES NEED (MARS - COMPLEX)** for use in home care / domiciliary care settings where children and young people have complex health care and medication needs
  - **Kids Medication Administration Record GENERAL USE (MARS - GENERAL)** for use at other settings, including early years, play and leisure activities, community Short Breaks, residential holiday schemes.
  - **Kids Emergency Medication Record Sheet** should be completed when emergency medication is given.
- **Controlled Drugs Record Book** – a separate controlled drugs register must be kept where a Kids setting is holding or storing controlled drugs in Schedule 2, in line with Regulation 20 of the 2001 Regulations. This is not required for home care support / domiciliary care services. Controlled drugs registers must be kept for 2 years from the date of the last entry. Settings can buy a Controlled Drugs Record Book online. Further details on controlled drugs list can be found on [www.gov.uk](http://www.gov.uk):  
<https://www.gov.uk/government/publications/controlled-drugs-list--2>

Records of medicines received and administered must be kept together in a secure location (usually with the medicines whilst Kids has possession of them). They must be made readily available for internal and external audit and inspection when required by the relevant authorities.

Services using Charity Log or the Direct Short Break system should scan and upload all medication records to the individual child / young person's profile. Services not using these operating systems should save all medication records in children/young people's digital record.

### **Care assessment and planning (medication needs)**

Children and young people's medication support needs should be assessed at the point of joining a Kids services. This is mandatory for early year's education, childcare, play and leisure, community short breaks, residential holiday schemes, overnight short breaks and home care support / domiciliary care.

Medicines support may be provided by a number of different people, including family, personal assistants and healthcare professionals. It is essential Kids services are clear about what support is needed, who will provide it and how. This should be explored during the registration process and on-going through service reviews. Care assessments should as a minimum ask the following questions:

- What medicines do they use and when?
- Why do they take these medicines?
- What support is required for each medication?
- What assistance do they need?
- What might affect the type, amount, or timing of support the person needs?
- Does their ability to make daily decisions about their medicines change?
- How will colleagues get consent for decisions about medicines?
- What action is to be taken in case of a medication emergency including refusal to take medicines?

Kids set of Registration Forms contain key questions for assessing an individual's medication support needs. The medication assessment and any decisions made should be recorded in Kids Medication Consent Form and a Care Plan. The medication assessment process and care plan should consider personal preferences as well as cultural and religious considerations with regard to the administration of medication. Care Plans should always ensure the dignity and privacy of individuals in relation to medicine taking.

Children and young people who wish to keep and take their own medication should be supported to if they are able to do so safely. Care Plans should clearly detail what active part children and young people will have in maintaining control of their medicines and the level of assistance to be provided by Kids. This process should also ensure that the child / young person understands that medicines must be kept safely and stored in appropriate lockable facilities when attending Kids services.

Section 6 of the Individual Child or Young Person Risk Assessment should be completed to identify potential hazards and control measures for supporting medication needs safely; including administration, storage and where children and young people will have control of their medicines. Medication support needs should be checked on-going and more formally as part of the regular service review process (termly or bi-annually). Care plans and risk assessments should be adjusted and up-dated where there have been changes or developments to medicine requirements or there have been medicine related incidents. Parent carers and young people aged 18 years or above should be made aware of their responsibility to keep Kids informed of any changes or developments to medication requirements.

## **Consent to care and treatment (medication)**

### **Consent to the administration of medication by Kids**

Medication must not be administered by Kids services / colleagues unless there is clear, explicit written consent given by parents / carers or young people aged 18 years and above. This should be recorded using the relevant Kids Medication Consent Form (for short term administration and regular / daily medication). See Appendices 1 and 2.

Consent to administer medication should be time limited and must be specific to each child or young person depending on the medical condition, for example: *Five days when a course of antibiotics is being finished*. New consents forms must be completed if there are any changes to medication.

### **Consent to share medical information in case of emergency**

Kids services should record all medication used by children and young people including that taken outside of Kids services or that is the responsibility of young people to take. This should be recorded in the Medication Consent Form to share information about medication taken outside of Kids services with emergency services. Parent carers and / or young people aged 18 and above will be required to give Kids consent to share medicines information with relevant emergency services in the event of an incident e.g. missing person, serious injury, illness or medication error.

### **Permission / consent to self-medicate**

In England, a child aged 16 or over does not need parental consent for medical treatment unless they lack capacity. Children under 16 can also consent to medical treatment if they understand what is being proposed. It is up to a doctor to decide whether the child can consent in this circumstance.

It could be, for example, that a child aged 16 to 18 self-medicates with an inhaler at an After School or Weekend Club.

Parent carers and children aged 16 or over must sign to agree that a child can self-medicate. The service must agree how the medication will be stored to ensure the safety of the child needing medication and other service users. This should be recorded in a medication consent form.

## **Administration of medication**

### **General administration**

Only colleagues that are trained and assessed as competent can administer medication to children and young people. Colleague competency should be signed off by a qualified health care professional and relevant line manager before a colleague can administer medication. **Volunteers are never permitted to give medication.**

Colleagues must only provide medication support agreed and detailed in a child's or young person's Care Plan and for which they have written consent to administer. Services should have

protocols in place for keeping colleagues up-to-date with any changes to medication permissions or consents.

For group and overnight services - all medication and associated 'devices' such as inhalers, must be clearly labelled with the child's / young person's name and date of birth and date received by the service.

Only medication provided in the original container with the information leaflet will be administered. Colleagues should be aware of the recommended dosage as per the information leaflet which is supplied when a medicine is dispensed or bought over the counter and this should be stored with the medication.

In case of discrepancy between the parents'/carer's instructions and those written on the packaging by the pharmacist, the change must be accompanied by a letter from the pharmacist or the doctor and signed by the parent/carer.

Colleagues should know if the child or young person to whom they are giving the medication has any allergies or any other contra-indication to specific drugs. This should be recorded in the child's or young person's Medication Consent Form and Medication Administration Record.

**Colleagues must not undertake invasive nursing procedures or other tasks that are defined as health related.** If in doubt about any of the medical procedures included in a child's or young person's Medication Consent Form and / or Care Plan the colleague should check with their line manager or a health professional before taking further action.

Colleagues should always follow the following basic procedure when assisting with medication:

1. Wash hands
2. Have the Medication Consent Form and relevant Medical Administration Record at hand
3. Follow the Seven Rights to medication (see below)
4. Check the medication is in the original packaging and labelled
5. Check the expiry date
6. Check the medication has not been given already
7. Follow all special instructions e.g. food or on an empty stomach
8. Provide child / young person with a drink to take tablets / medicine
9. Check child / young person has taken the medication
10. Record medication immediately in the MAR and sign the record
11. Notify any side effects observed and record and report these immediately

Seven rights for safe medication management are:

1. Right person
2. Right medication
3. Right dose
4. Right time
5. Right route

6. Right reason
7. Right to refuse

See Appendix 10 for a full description of the seven Rs.

### **Refusal to take medication**

No child or young person should be forced to take medication. If they do refuse, do not insist. Ask another qualified member of the team if available. If working alone, try changing your facial expression or approach that might allow you to give the medication. Colleagues should contact parent / carers and / or relevant health professional and take any necessary steps as detailed in the child's or young person's emergency medication care plan. Colleagues should make a record of the refusal in the medication administration record and report it to their line manager.

### **First dose**

Colleagues should not give the first dose of a new prescribed medicine to a child or young person. Parent carers should have already given at least one dose to ensure that the child or young person does not have an adverse reaction to the medication. The date of first administration should be recorded along with consent to administer.

The first dose 'rule' does not include emergency medication such as an adrenaline pen where the risk of not giving it could outweigh any adverse reaction. This should be explicit in the consent given.

### **Prescribed medication (e.g. antibiotics)**

The procedure for recording and administration should always be followed.

### **Non-prescription medication (e.g. Calpol, painkillers)**

Kids services should not keep stocks of medicines such as Calpol, for communal use. Non-prescribed medication will only be administered for a specific condition or illness and with written consent by a parent/carer (via a Medication Consent Form). Medication should only be stored for the period for which consent was given. All non-prescribed medicine should be labelled on receipt from the parent / carer with the child's name and date of birth.

### **Controlled medication (e.g. Ritalin)**

For overnight and group services - the dosage and administration of **controlled drugs should be witnessed by a second adult**. Both adults should sign when recording this administration. For home care support and community short breaks - the medicines belong to the person and are being stored in their own home. There is no need to keep a register of controlled drugs. Also, there is no need for double witness signatures for administration or support.

### **Emergency medication (e.g. inhalers, EpiPen buccal midazolam)**

If medication has to be given on a 'when required' basis, it is important that colleagues ask if any medication has been given to the child or young person prior to arriving at the service or at the start of a home care or community break session.

If the service locks away medication that a child or young person might need in an emergency, all colleagues should know where to obtain keys to the medicine cabinet so that it can be made available quickly when needed.

Where medication is required in an emergency there should be a protocol (in addition to the permissions) setting out the procedure for administration and follow up required. This should come from a medical professional such as an epilepsy nurse or GP.

Parent carers (and any other health care professionals) should be informed when emergency medication was administered and in what circumstances either when they are collected from the service, or sooner as stated and agreed in the child's or young person's care plan. Colleagues should complete an Emergency Medication Record Sheet.

### **Recording (Medicines Administration Records MARs)**

Colleagues should record each time they provide medicine support, including emergency medication. The record should be made immediately after medicine support is provided. Colleagues should not rely on memory to write information accurately at a later time. The record should include who administered the medicine, support provided and whether a medicine was taken or declined. Medicines support is any support that enables a person to manage their medicines. In practical terms this covers:

- prompting or reminding people to take their medicines;
- helping people remove medicines from packaging;
- administering some or all of a person's medicines.

Colleagues should use a printed MARs where possible to record medication support. As a minimum MARs should include:

- the name of the person;
- the name, formulation and strength of the medicine(s);
- how often or the time the medicine should be taken;
- how the medicine is taken or used (route of administration);
- the name of the person's GP practice;
- any stop or review date;
- any additional information, such as specific instructions for giving a medicine. Examples might include medicines to be taken with food (such as ibuprofen) or without food (such as some antibiotics).

Colleagues must record the medicine support given to a person at the time it is given. This must be for each individual medicine on every occasion.

Where medicines are recorded as 'dosette' or blister pack, keep an accurate record of the medicines contained in the blister pack. Keep this with the administration record.

When medicines change, the old list will need to be dated and kept. This helps to check the support provided for each medicine even if it was several months before.

Only make handwritten changes if you are competent to do so. If the medicine changes mid-cycle, make a new entry to make it clear when the dose changed.

### **Recording medication during community breaks, trips and outings**

Colleagues should use a printed MARs where possible to record medication support during community breaks, trips or overnight stays. This should be kept secure with the medication. Risk assessments should include hazards identified when supporting medication needs in the community (i.e. storage and administration).

Services using the Kids Direct Short Breaks database should log medication activity in the Break review section.

### **Medication handover**

Kids services should ensure a Medication Handover Form is completed where they are responsible for the administration of medicines on-site, outings, overnight short breaks or stays. Home Care support / Domiciliary Care and Community Short Breaks services are not required to completed medication handover forms. Two forms are available: one is designed for children and young people who take more than one type of medicine during a Kids activity; the second enables services to record single use medication over a period of time.

### **Storage of medication**

The safe storage of medicines will differ according to the setting and type of service being provided.

- **Domiciliary / home care support.** Parent carers and / or young people aged 18 – 25 years will decide where and how to store medicines within their own homes.
- **Overnight short breaks / Kids group settings.** Most medication should be stored in a locked cupboard or locked container which is out of reach of children and young people. A lockable drawer or similar facility must be provided for children / young people who self-medicate. **Where facilities exist, medicine cupboards must be housed in the room that has been provided for use as a medical room.** The temperature of this room must not exceed 25 degrees centigrade. Controlled medication **must be** stored in a controlled drugs cupboard that meets British Standard BS2881:189 security level 1. Where services are delivered from community venues a lockable bag can be used to store medication.
- **Community based activities** e.g. direct short breaks. Colleagues should be issued with a sturdy bag that can be closed tightly for storing medication when out in the community such as a cross over body bag or ruck sack. Many medicines are attractive commodities. Kids' services should arrange for medicines to be stored discreetly and not be 'advertised', in particular when working in the community. Lockable bags might stand out and draw attention.

The keys to medication must not be left in the vicinity of the storage (e.g. cupboard / drawer / bag) but must remain in the possession of the designated person or person delegated the responsibility for administering medication. Local procedures should be established in the event key / s are missing. The designated keyworker or care worker is responsible for keeping medication bags secure when working in the community unless stated differently in the Care Plan e.g. a child or young person is supported to manage the storage of medicines.

A few medicines, such as asthma inhalers, may need to be readily available and in this circumstance should not be locked away. The medication's packaging and accompanying patient information leaflet will include instructions about how to store the medicine. These should be stored with the medication.

Medication for each child and young person should be kept separate (including devices such as inhalers). This can be in a plastic box or zip lock type plastic bag. These should be labelled with the child's or young person's name and date of birth and, where relevant, date service received it if it is to be stored by a service for a period of time. Where a child or young person needs two or more prescribed medicines, each should be in a separate original container.

Medicine spoons and oral syringes should be cleaned and stored with the child's / young person's medication. Devices such as inhaler 'spacers' should be cleaned as directed in the product information and stored with the child's / young person's medication.

Some medication might need to be stored in a fridge. The medical fridge should be lockable and be kept at a temperature between 2 and 8 degrees centigrade. The temperature should be checked each day using a maximum and minimum thermometer. Services should record both the maximum and minimum temperature. If temperatures are found to be outside of this range, the community pharmacist must be contacted for advice. The medical refrigerator should be cleaned and defrosted regularly. Where a medical fridge is not available medication requiring refrigerated storage can be kept in a clearly labelled airtight container in a domestic fridge.

**Services should not store large volumes of medication. Parents / carers should be asked to supply the doses to be taken at the service. Medicine cupboards / lockable bags should not be used as a safe for valuables or as a food store. The only reason to open a medicine cupboard /bag should be to get access to medicines.**

### **Disposal of medicines**

Kids services / colleagues should not dispose of medicines. Parent carers or young people living independently are responsible for ensuring date expired medicines or those no longer required for treatment are returned to a community pharmacist for safe disposal.

Medicines which are in use and in date should always be returned to parents / carers or young people where they are responsible for managing their own medicine and signed and dated as received. This should be recorded in a Medication Handover Form. If, for some reason, parent carers or young people do not collect all medicines, the service manager must inform the Regional

Manager and make arrangements to return them to a pharmacy for disposal. This should be recorded in the comments section of the MAR sheet.

In the event of a child's / young person's death, Kids services should retain any medication in their possession for up to seven days or until a death certificate has been issued. Medicines should then be returned to a pharmacy for disposal and recorded in the MAR sheet.

## **Parental Responsibility**

Parents / carers MUST give written information and consent for all administration of medication and for Kids to share medicines information with relevant emergency services in the event of an incident.

Parents / carers must be made aware that it is their responsibility for:

- providing Kids with the correct medication at the start of a service / support session
- ensuring that there is sufficient medication to be administered as required,
- ensuring that medicines are "in date";
- keeping Kids informed and up-to-date about any changes to or side effects of medication being administered to their children / young people;
- disposing of out of date and unused medication
- completing Kids consent and handover forms.

Parents / carers must give explicit written information when medication is required as symptom relief, about the circumstances / signs / symptoms of the need for administration.

## **Young People Responsibility**

Young people aged 18 years and above MUST give written information and permission for all administration of medication and for KIDS to share medicines information with relevant emergency services in the event of an incident.

Young people must be made aware that it is their responsibility for:

- providing Kids with the correct medication at the start of a service / support session
- ensuring that there is sufficient medication to be administered as required,
- ensuring that medicines are "in date";
- keeping Kids informed and up-to-date about any changes to or side effects of medication being administered to their children / young people;
- disposing of out of date and unused medication
- completing Kids consent and handover forms.

Young people must give explicit written information when medication is required as symptom relief, about the circumstances / signs / symptoms of the need for administration

## Colleague Training

All colleagues should know and understand the administration of medication policy and procedures.

Colleagues administering medication should attend training to understand their roles and responsibilities. Managers of services should understand the legal requirements and undertake to ensure that best practice guidance is always followed by all colleagues. As a minimum colleagues and managers should complete the recommended e-learning course.

Colleagues required to administer 'life saving' treatments (e.g. buccal midazolam for epilepsy or an EpiPen for anaphylactic reactions) should only do so having had 'specialist' training from a health practitioner. This training must first be approved by a line manager.

Colleagues required to administer medicine other than my mouth (e.g. rectal or via PEG tube) must first complete specialist training and achieve a certificate of competency in the procedure. Colleagues must be assessed annually by the relevant health care professional to ensure colleagues can safely and effectively administer the medicine.

Colleagues, in conjunction with their manager, who are regularly required to administer medication should consider undertaking an accredited Administration of Medication Course. This should be renewed every 2-3 years as required by the awarding body or regulated activity (Ofsted/CQC).

## Medication Incidents

All colleagues have a duty of care to ensure children and young people accessing Kids services are supported in a manner that keeps them safe. If a medicine error does occur colleagues must:

- immediately call the GP or NHS 111 out of ours service for advice, giving the exact circumstances of the error;
- inform their line manager who will inform the parent;
- listen to advice and act on the advice;
- record the error on the medication administration record;
- record any actions taken;
- complete Kids incident form and send to Regional Manager
- all incidents should be fully investigated by the responsible manager to prevent future mistakes
- managers need to ensure all regulatory reporting requirements are followed and adhered to and reported in line with Kids Accident Incident and Near Miss Policy and Procedures;
- if a medical error or near miss results in a child or young person being harmed in a significant way, the service manager must follow Kids Duty of Candour Policy.

If there is any confusion or uncertainty about any aspect of giving medicine, the Kids employee or sessional worker should discuss this with the most senior member of Kids employee available at the time, or their Coordinator / Line Manager.

If the Kids employee or sessional worker has doubts about the giving of medication, and failing to administer that medicine at a prescribed time may cause distress or put the child or young person at risk, the child's parents should be contacted and if necessary General Practitioner (or their back-up / on-call service) or NHS 111 should be called for advice. Colleagues should record the incident in Kids Health and Safety system.

## References

### Legislation, regulations and national guidance

#### Legal and regulatory framework

- The Medicines Act 1968, The Human Medicine regulations 2018.
- The Misuse of Drugs Act 1971.
- Misuse of Drugs Regulations 2001
- Mental Capacity Act 2005, Mental Capacity Act Code of Practice.
- Controlled Drugs (Supervision of management and use) Regulations 2013.
- The Children Act 1989. Guidance and Regulations Volume 5: Children's Homes.
- Children's Homes National Minimum Standards (2011).
- Care Act 2014.
- Equalities Act 2010
- United Nations Convention on the Rights of the Child (UNCRC), 1990
- Data Protection Act 2018
- Safeguarding Vulnerable Groups Act 2006
- Human Rights Act 1998
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Amendments) 2015. Regulation 11 (Need for consent); Regulation 12 (safe care and treatment); Regulation 13 (Safeguarding service users from abuse and improper treatment), Regulation 20 (Duty of Candour)
- Health and Safety at Work Act 1974

#### National guidance and good practice standards

- National Institute of Health and Care Excellence (NICE). Medicine Management in Care Homes, April 2014.
- National Institute of Health and care Excellence (NICE). Managing medicines for adults receiving social care in the community, March 2017.
- National Care Forum – Management of Medicines Assessment Tools
- Gillick competency and Fraser guidelines. NSPCC Information Guide, June 2019
- General Social Care Council Code of Practice

- Ofsted Inspection of Children’s Homes and Residential Holiday Schemes for Children with Disabilities
- Ofsted Inspection of Early Years Education and Childcare Services
- Giving medication to children in registered childcare. <https://www.york.org.uk/downloads/Childcare%20Strategy/OSC/Giving%20medication%20in%20childcare.pdf>

## **Associated documents and guidance**

This policy supplements the Kids Sick Children and Young People Policy, Kids Duty of Candour Policy, Kids Risk Management Policy, Kids Accident, Incident and Near Miss Policy, and the Kids Health and Safety Policy.

Please also refer to the:

- Kids Registration Form (for specific service area)
- Kids Risk Assessment (for Individual Children or Young People)
- Kids Risk Assessment (for colleagues)
- Kids Risk Assessment (Environments)
- Kids Risk Assessment (Outings, Trips, Overnight stays)
- Children or Young People Care Plan
- Controlled Drugs Record Book (this must be a bound book, that is purchased for this specific use and kept for a minimum of two years after the last entry date)

## **Appendices**

Appendix 1 - Kids Parent carer medication consent form (administration of short-term medication)

Appendix 2 – Kids Parent carer medication consent form (administration of regular medication)

Appendix 3 – Kids Consent to share information about medicines taken outside of KIDS services

Appendix 4 - Kids Medication handover form (multiple medications)

Appendix 5 - Kids Medication handover form (single medication)

Appendix 6 - Kids Medication administration record OVERNIGHT SHORT BREAKS (MARS - OVERNIGHT)

Appendix 7 - Kids Medication administration record COMPLEX MEDICINES NEED (MARS - COMPLEX)

Appendix 8 - Kids Medication administration record GENERAL USE (MARS - GENERAL)

Appendix 9 - Kids Administration of emergency medication record

Appendix 10 – Seven rights of medication

Appendix 1 – Parent carer medication consent form (administration of short-term medication)

<p>Parent Carer Medication Consent Form</p> <p>Administration of Short-Term Medication</p>	
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This form should be completed with and signed by parent carers if they wish Kids colleagues to administer medication for a short period of time. Multiple medication can be recorded in this form by inserting additional lines to the bottom of the Short-Term Prescribed medication table below.

Name of child / young person	Home address	Date of birth	Insert photo (with consent)
<b>Prescribing Doctor's name:</b>		<b>Doctor's Medical Practice address:</b>	
		<b>Postcode:</b>	
		<b>Telephone number:</b>	

Short-term Prescribed Medication *(add additional lines to this table as relevant for the child or young person being supported)*

Medication and reasons for administration	Duration, start and end dates	Dosage	Times of day administered	Method of administration e.g. mouth, inhaler, buccal, self-administration	Special precautions, preferences or support needs	Known side effects listed in CMI or by service user (noted but not limited to these)	Storage requirements (if self-administration)

What should be done if the young person refuses the medication?

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Emergency contact details (if relevant)

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Name and contact details of Kids service responsible for administering medication

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Consent statement

- I understand that I must deliver the medicine personally to the Kids service my child is attending. All medicine bottles/containers must have the above child or young person's name clearly labelled as issued by the pharmacist. Medicines should not be transferred from the labelled container to any other container.
- I understand I must inform the Kids service named above in this form immediately of any changes in the medication and provide an appropriately labelled supply. **Please Note: Verbal information will not be acted upon.**
- Medicines will be replaced/replenished by me as required and I understand and agree that the Kids service is not responsible for ensuring supply of the medication.
- I give the Kids service named above in this form permission to handle and administer the medication described above for the period and by the methods stated.
- Where agreed, I give my child permission to self-administer their own medication in the way described in this form.
- I give Kids permission to share the medicines information in this form with the police or ambulance service in case of emergency.

Parent carer name	Parent carer signature	Date

Appendix 2 – Parent carer medication consent form (administration of regular medication)

Parent Carer Medication Consent Form Administration of Regular Medication	
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This form should be completed with and signed by parent carers if they wish Kids colleagues to administer regular medication to their child/young person. This form can be used to record multiple medication by inserting additional rows in the table for Regular / Daily Prescribed Medication.

Name of child/young person	Child / young person's home address	Date of birth	Insert photo (with consent)
Prescribing Doctor's name:		Doctor's Medical Practice address:	
		Postcode:	
		Telephone number:	

Regular / Daily Prescribed Medication *(add additional rows to this table as relevant for the child or young person being supported)*

Medication and reasons for administration	Duration	Dosage	Times of day administered	Method of administration e.g. mouth, inhaler, buccal, self-administration	Special precautions, preferences or support needs	Known side effects listed in CMI or by service user (noted but not limited to these)	Storage requirements (if self-administration)

What should be done if the child / young person refuses any of the medication listed above?

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Emergency Prescribed Medication given in specific circumstance i.e. seizure

Medication	Dose	Circumstance i.e. length of seizure	Known side effects listed in CMI or by service user (noted but not limited to these)	Special precautions, preferences or support needs

Emergency contact details	Contact 1	Contact 2
Name		
Emergency phone no(s)		
Relationship to young person		

Non-prescribed creams regularly given i.e. Sudocreme, lip salve, sun protection

Product	Where applied	When applied	Will young person self-administer? How?	Special precautions, e.g with food, preferences	Known side effects (CMI or by service user) (noted but not limited to these)

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Regular other non-prescribed medication i.e. for hay fever or pain relief

Medication	Dosage	Timing / time of day administered	Method of administration i.e. by mouth or self-administration	Special precautions, preferences e.g with food	Known side effects (CMI or by service user) (noted but not limited to these)

Name and contact details of Kids service responsible for administering medication.

Consent statements

- I understand that I must deliver the medicine my child / young person needs to the Kids service at the start of each session. All medicine bottles/containers must have the above child / young person's name clearly labelled as issued by the pharmacist. Medicines should not be transferred from the labelled container to any other container.
- I understand the service should not be asked to give the first dose of any prescribed or non-prescribed medicine unless it is emergency medication.
- I understand I must inform the Kids service immediately of any changes in the medication my child / young person takes and provide an appropriately labelled supply. **Please Note: Verbal information will not be acted upon.** I understand that I will need to complete a new consent form so that the service can continue safe medicine practice.
- I understand that I must inform the Kids service if my child / young person is on a break from any medication used regularly.
- Medicines will be replaced/replenished by me as required and I understand and agree that the Kids service is not responsible for ensuring supply of the medication.
- I give the Kids service named in this form permission to handle and administer the medication described above for the period and by the methods stated.
- I give my child / young person permission to self-administer their own medication as stated in this form.
- I give Kids permission to share the information in this form with the police or ambulance service in case of emergency.

Parent carer name	Parent carer signature	Date

EXAMPLE ONLY



Parent carer name	Parent carer signature	Date

EXAMPLE ONLY

Appendix 4 – Medication handover form (multiple medications)

<b>Name of Child / Young Person</b>		<p><b>Medication checks</b> – Answers to checks <b>must</b> be 'yes' before child / young person can be admitted to service.</p> <ol style="list-style-type: none"> <li>1. Medication is in original bottles/containers from the pharmacy?</li> <li>2. Medication is in date?</li> <li>3. Medication is labelled for the correct child / young person being supported by Kids?</li> <li>4. Dosage instructions are clear?</li> <li>5. Labels have not been de-faced or changed?</li> <li>6. Appropriate cautions, warnings and side effects are clear?</li> </ol>							
<b>Name of Kids Service</b>									
Date	Medication Name	Medication Checks Completed (colleague initial)	Amount of medication received (approx. for liquid)	Signed in by Kids Colleague	Signed by Parent/Carer or Young Person	Amount of Medication returned	Meds Given (Y/N)	Signed out by Kids Colleague	Signed by Parent/Carer or Young Person

Date	Medication Name	Medication Checks Completed (colleague initial)	Amount of medication received (approx. for liquid)	Signed in by Kids Colleague	Signed by Parent/Carer or Young Person	Amount of Medication returned	Meds Given (Y/N)	Signed out by Kids Colleague	Signed by Parent/Carer or Young Person

Appendix 5 – Medication handover form (single medication)

<b>Name of child / young person</b>		<b>Medication checks</b> – Answers to checks <b>must</b> be ‘yes’ before child / young person can be admitted to service. <ol style="list-style-type: none"> <li>1. Medication is in original bottles/containers from the pharmacy?</li> <li>2. Medication is in date?</li> <li>3. Medication is labelled for the correct child / young person being supported by Kids?</li> <li>4. Dosage instructions are clear?</li> <li>5. Labels have not been de-faced or changed?</li> <li>6. Appropriate cautions, warnings and side effects are clear?</li> </ol>						
<b>Name of medication</b>								
<b>Name of Kids Service</b>								
<b>Date</b>	<b>Medication Check completed (colleague initial)</b>	<b>Amount of medication received (approx. if liquid)</b>	<b>Signed in by Kids colleague (initial)</b>	<b>Signed by Parent / Carer or Young Person</b>	<b>Amount medication signed out by Kids colleague</b>	<b>Medication given? Yes/No</b>	<b>Signed out by Kids colleague</b>	<b>Signed by parent / carer or Young Person</b>

Date	Medication Check completed (colleague initial)	Amount of medication received (approx. if liquid)	Signed in by Kids (colleague initial)	Signed by Parent / Carer or Young Person	Amount medication signed out by Kids colleague	Medication given? Yes/No	Signed out by Kids colleague	Signed by parent / carer or Young Person

Appendix 6 - Medication administration record OVERNIGHT SHORT BREAKS (MARS - OVERNIGHT)

<b>Month</b>																																
<b>Child / Young Person</b>																																
<b>Drug Name</b>													<b>Drug Strength</b>																			
<b>Dose Required</b>													<b>Frequency</b>																			
<b>Administration Method</b>																																
<b>Handover amount</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Early Shift - Colleague initial																																
Colleague initial																																
<b>Handover amount</b>																																
Late Shift – Colleague initial																																
Colleague in initial																																
<b>Handover amount</b>																																
Night Shift - Colleague initial																																
Colleague initial																																

Sign in						Time given and by whom										Sign out		
Date	Day	Time in	Amount	Expiry date	Colleague	Time 1 & Amount	Colleague initial	Time 2 & Amount	Colleague Initial	Time 3 & Amount	Colleague Initial	Time 4 & amount	Colleague Initial	Time out	Amount	Colleague		

Appendix 7 - Medication administration record COMPLEX MEDICINES NEED (MARS - COMPLEX)

<b>Medication Start Day &amp; Date:</b>		<b>Medication Checks:</b> <i>Answers to checks must be 'yes' before medication can be administered.</i> <ol style="list-style-type: none"> <li>1. Medication is in original bottles/containers from the pharmacy?</li> <li>2. Medication is in date?</li> <li>3. Medication is labelled for the correct child / young person being supported by Kids?</li> <li>4. Dosage instructions are clear?</li> <li>5. Labels have not been defaced?</li> <li>6. Appropriate cautions, warnings and side effects are clear?</li> </ol>
<b>Name:</b>	<b>D.O.B.</b>	
<b>Known allergies:</b>		
<b>Doctor:</b>		

Medication Details Incl Strength Dose &Frequency	Med. Check completed (colleague initial)	Time to be administered	Tick time	W/C	W/C	W/C	W/C
		Breakfast					
		Lunch					
		Tea					
		Bed time					
Medication Details Incl Strength Dose &Frequency	Med. Check completed (colleague initial)	Time to be administered	Tick time	W/C	W/C	W/C	W/C
		Breakfast					
		Lunch					
		Tea					
		Bed time					
Medication Details Incl Strength Dose &Frequency	Med. Check completed (colleague initial)	Time to be administered	Tick time	W/C	W/C	W/C	W/C
		Breakfast					
		Lunch					
		Tea					



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Appendix 8 - Medication administration record GENERAL USE (MARS - GENERAL)

<b>Medication Start Date:</b>		<b>Medication End date:</b>		<b>Month/Year :</b>	
<b>Name:</b>		<b>D.O.B.</b>		<b>Medication Checks:</b> <i>Answers to checks must be 'yes' before medication can be administered.</i> <ol style="list-style-type: none"> <li>1. Medication is in original bottles/containers from the pharmacy?</li> <li>2. Medication is in date?</li> <li>3. Medication is labelled for the correct child / young person being supported by Kids?</li> <li>4. Dosage instructions are clear?</li> <li>5. Labels have not been defaced?</li> <li>6. Appropriate cautions, warnings and side effects are clear?</li> </ol>	
<b>Known allergies:</b>					
<b>Medication Name:</b>					
<b>Dose Required and Frequency:</b>			<b>Administration Method:</b>		

Date	Med. Check completed (colleague initial)	Time 1	Amount administered.	Code	Administered by		Time 2	Amount administered.	Code	Administered by		Time 3	Amount administered	Code	Administered by		Comments Space below if needed
					Colleague1	Colleague2				Colleague1	Colleague2				Colleague1	Colleague2	



Appendix 9 – Administration of emergency medication record

Date and time	
Name of Child / Young Person ('CYP')	
Name of First Aider who cared for CYP	
CYP's medical need and the medication given	
Description of events that lead to medication being given	
Dosage	
What happened after the medication was given? e.g. Were they taken home? How did they seem?	
Any follow up required? e.g. parents called, replacement medication, updates to care plan.	
Any other comments	

## Appendix 10 – Seven rights of medication

### Seven Rights of Medication Administration

#### 1. Right Person

You need to check you are giving the medication to the right person. Even if you know the child or young person well, it is possible to make a mistake and to give the medication to the wrong person. This can happen particularly during busy seasons of the year when multiple children need medication or if your service has several children or young people who need medication support. The risk increases for improper medication administration. When you are giving out medications, focus on that task alone and don't do anything from the time you first have contact with the medication and the time the child or young person is given the medication. Forms and medication need to be checked to ensure that the right child is receiving the medication. If there is any doubt that you are giving a medication to the wrong person, don't give the medication until you are sure you are giving to the correct individual.

#### 2. Right Medication

Colleagues should check the name of the medication on the bottle or package matches that exactly on the signed Medication Consent Form. Each time the medication is administered, this should be checked. The medication should be kept in its original container.

#### 3. Right Dose

Confirmation needs to be made that the right dose has been measured. An excellent way to ensure this is to use the medication spoon dispensed with the medication by the pharmacy. Medication administration is not the place for guesswork. Any questions should be referred back to the family for clarification.

#### 4. Right Time

Timing of the medication should be clearly written on the medication itself and on the signed consent form. Additionally, colleagues need to confirm with families as to when the last dose of medication was administered and when the next one is due i.e. when the child or young person arrives. This information should be documented on the child's / young person's medication administration form.

#### 5. Right Route

Medication can be delivered in a number of ways; usually the medication to be delivered by colleagues is through oral dispensing or through an inhaler. Confirmation of method should be written on the medication itself as well as on the Medication Consent Form and / or Care Plan.

#### 6. Right Reason

Each time medication is given, the person administering it should make sure that the medication is being given for the right reason (e.g., Tylenol for teething pain, breathing treatment for asthma attack). Consulting the Medication Consent Form and / or Care Plan for the appropriate symptoms can help ensure that the medication is given for the correct reasons.

## 7. Right Documentation

Each administration of medication should be recorded in a Medication Administration Record (MAR). Colleagues who gave the medication should document the administration immediately each and every time after they have provided a dose (and after washing their hands). This is a critical step. Without proper documentation, another adult or the child's family member may not appropriately provide the next dose of medication, which could have serious health implications for the child.