# Portsmouth City Council

## Foster Carers Dispensing of Medicines Policy

*12/11/2014*

***This is a Policy Document relating to Foster Care. It includes Portsmouth's Fostering Service foster carers where the child is resident with the foster carer.***

***It is the responsibility of the fostering service to ensure that the relevant staff and foster carers are able to access this document.***

***It should be made available to all children's social workers, fostering supervisory social workers and foster carers.***

***A summary should be placed in the foster carer handbook.***

Portsmouth City Council fostering service aims to provide, where appropriate, a family based home for children who can no longer live with their family of origin, which meets their individual needs and gives them the same life chances and expectations as other children in society. We work closely with foster carers to provide high quality care in a family setting.

In the context of a medication policy for looked after children we are committed to providing safe care for children, where their health needs are meet and positively promoted

We are committed to providing safe care and the application of risk management which does not undermine a child's rights to inclusion (Dignity of Risk, 2004, Council for Disabled Children). We acknowledge that including medically vulnerable youngsters in family based care means we have to take carefully managed risks in partnership with foster carers, parents, and children, Portsmouth PCT Children's Services and NHS Trust.
The Fostering Service accepts a duty of care to ensure that any risks to the health and wellbeing of a child in placement are assessed and minimised.

Wherever possible, taking into account the age and understanding of the child/young person, the child will be consulted about proposed medical treatment and their views taken into account.

The fostering service also has a duty to foster carers. The medication policy safeguards them in giving a clear framework for the administration of medication and nursing procedures.

***Medication should never be used for social control or punishment.***

**The Duty of Foster Carers**

- The foster carer has a duty of care to the child in placement.
- The foster carer has a duty to act as a reasonable parent.
- The foster carer has a duty to work in partnership with those with parental responsibility for the child. This may be the social worker for the child, the parent or both.
- The foster carer should register children placed with their GP and Dentist.
- A Health Needs Assessment should be undertaken annually or biannually for all looked after children under the age of 5 years. The foster carer should work with other professionals to ensure this happens. A copy of the Individual Health Plan (IHP) should be given to the foster carer, and where appropriate to the parent.
- Foster Carers must ensure that children are taken to all medical appointments. The social worker for the child should be consulted as to whether they need to attend and whether the parent should be invited to attend.
- Where a child is on medication the foster carer should ensure that this is regularly reviewed.
- All medication given to foster children should be recorded by the foster carer as outlined in this policy.
- All foster carers should keep a well-equipped First Aid box.
- All foster carers should attend a recognised First Aid Training Course

**Consenting to Medical Treatment for looked after Children**
**Underlying Principals**

- The Foster Placement (Children) Regulations 1991 includes foster carers in the definition of "direct care giver"
- Where a child is being provided with accommodation by a local authority on the basis of a voluntary agreement, the parent(s) retains full parental responsibility for consenting to medical treatment, except as outlined in section 3 below, and is/are expected to contribute fully to the health care planning for the child.
- Where a child is subject to a statutory care order, the local authority has parental responsibility for the child but must seek to maximise the involvement of the parents of such children in the health care plans for the child, unless this is incompatible with the child's welfare.
- The level of consent delegated to direct care givers should be clearly understood by the direct care givers themselves, other Departmental staff, parents and children.
- Where the direct care giver is unclear regarding his/her ability to give consent, the advice of the child's social worker should be sought immediately.

**The Consent of the Child**

- Children of sixteen and over give their own consent to medical treatment. Children under sixteen may also be able to give or refuse consent depending on their capacity to understand the nature of the treatment; it is for the doctor to decide whether the child is capable of giving informed consent.

- Children who are judged able to give informed consent cannot be medically examined or treated without their consent.
- Issues of consent are complex. Some children's disabilities are such that they are unable to give consent. Some children may dislike procedures which are necessary for their health and well-being and may actively resist these. In such cases a specific health plan for the child should be made following interagency discussion and planning.
- It is the responsibility of the social worker to co-ordinate this planning. A copy of the Child Health Plan should be given to the foster carer, a copy kept on the child's file, and a copy on the foster carer's file.

**Routine Medical and Dental Treatment**

- Consent for all routine medical treatment (defined as "all necessary and appropriate personal medical services of the type usually provided by general medical practitioners") and dental treatment including that requiring local anaesthetic, may be given by the direct care giver unless the child is subject to an Order where in the Court has made specific directions - see below.
- Routine medical treatment includes immunisations where, in the opinion of the responsible doctor, the direct care giver has sufficient knowledge of the child's background to give consent.
- If this should not be the case, the matter must be referred to the child's social worker for further enquiries to be made.

**Consent for operations and treatment requiring general anaesthetic**

- Where a child is being accommodated as the result of an agreement, the consent must be given by the child's parent(s).
- Where a child is subject to a statutory order which confers parental responsibility on the local authority, the consent and approval of the child's parent(s) should be sought and obtained wherever possible.
- If this is not readily available or if there are practical and immediate problems in obtaining it, the child's social worker (or, if unavailable their Manager) must be contacted without delay.
- The social worker must take all reasonable steps to obtain the consent and approval of the parent(s) but where the social worker is satisfied that consent is being unreasonably withheld or cannot be readily obtained, s/he must refer the matter to the LAC Service Manager.
- If the LAC Service Manager considers that the treatment or operation is necessary in the interests of the child, s/he may give that consent on behalf of the Chief Officer. The circumstances must be recorded on the child's file and signed by the LAC Service Manager.
- Where a situation requiring consent to treatment occurs outside office hours, the Emergency Duty Team should be contacted and the procedure in paragraphs 4.4 and 4.5 followed, except that the Duty Service Manager should be contacted.

**Children Subject to Specific Directions Imposed by a Court**

- In cases where a child is subject to a statutory order (e.g. an Emergency Protection Order) and where the Court, in making the Order, has imposed specific directions

regarding any medical examination or assessment of the child, these directions must be followed. A further application must be made to the Court in the event of a request for variations to or amendment of the original directions.

- Should medical treatment be required as a result of the examination or assessment, consent for that can be given by the local authority in cases where the order confers parental responsibility. Here again, however, the consent and approval of the parent(s) should be sought if time and circumstances permit, and if the welfare of the child is not impaired as a result.

**When a Child is Ill in Placement**

- The foster carer has a duty of care. When a child is ill in placement the foster carer will respond as any reasonable parent would in this situation providing comfort and care.
- Where there is concern about the health of the child medical advice or attention should be sought promptly through NHS Direct or the GP. **Advice given should be recorded in the foster carer's diary.**
- In emergency situations the foster carer should take the child to the nearest accident and emergency department or phone an ambulance. If a child needs to go to a particular hospital this will be detailed In the Placement Agreement, which also gives details of consent and should be taken with the child to the hospital.
- If the child has had an accident or there is a serious incident regarding their health a **Record of Accident and Incident Form** should be completed.

**Some minor conditions may be resolved with a home remedy. The following guidance is suggested for foster carers can check with the NHS Direct (Tel: 0845 4647) or with the young person's GP if they are unsure about the young person's condition.**

**Cuts & Grazes**

 Carers should be advised to wear gloves if dressing open wounds and where contact with bodily fluids is likely to occur.

 Cuts and grazes should be washed off with water and cleaned thoroughly and allowed to dry. Moist non–alcoholic wipes may be used if required. The wound can be covered with a plaster or an individually wrapped dressing as long as the child has no known allergy to this. The use of antiseptic cream is not recommended.

**Sunburn**

 Prevention is better than cure. Use a sunscreen with high blocking factor (Factor 15 or above). Hats and t-shirts should be worn during the summer. Summer sun should be avoided between 12 midday and 3pm. If sunburn is severe, seek medical advice. Certain drugs may predispose towards photosensitivity reactions (i.e. may react to sun). Check with local pharmacist. Staff should also use sunscreen to set an example.

**Eye Care**

 For foreign bodies or injuries to the eye seek medical advice. (NHS Direct, GP or A&E). If the eye or surrounding skin is inflamed or has yellow/green discharge or is encrusted consult the young person's GP.

**Foot Care**

 Always get diagnosis from the young person's GP if either athlete's foot or a verruca is suspected. **N.B Children and Young People with diabetes must always see the GP for foot care.**

**Bites/stings – Internal**

 If the bite or sting is to the mouth, eye or nose consult the young person's GP or phone NHS Direct. **If lips begin to swell or the young person has a breathing difficulty dial 999.**

**Constipation**

 The use of laxatives with children and young people is undesirable. Constipation is often remedied by adjustment of lifestyle and diet. An increase of dietary fibre, fluid intake and exercise may be sufficient to regulate bowel actions. If constipation lasts longer than 48 hours or is accompanied by severe abdominal pain or vomiting, consult the young person's GP.

**Diarrhoea**

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

**Cough**

 Children 1-11 years old Sugar free Simple Linctus Paediatric – can be given following the manufacturer's instruction having regard to the age of the child.

 Young people aged 12 and over Simple Linctus – can be given following the manufacturer's instruction having regard to the age of the child.

 **N.B. Simple Linctus must not be used for a person who has diabetes as it contains sugar. The sugar free version should be used/stocked in preference.**

 **If the cough lasts longer than 1 week or produces green/yellow sputum or if the young person has a temperature then consult the GP.**

**Pain (mild) i.e. headache, toothache, period pain, etc.**

 **Paracetamol and ibuprofen** may be given in tablet or liquid (sugar free) form following the manufacturer's instruction having regard to the age of the child.
 **Follow the manufacturer's instructions. Do not exceed the maximum dose.**

**Precautions**

 Persistent pain that is not controlled with Paracetamol – consult the young person's GP or NHS Direct.
 If there is deterioration in the child/young person's condition consult the young person's GP or NHS Direct.

 **Check that any prescribed medicine does not contain Paracetamol before giving any other Paracetamol preparation.**
 If the child has complex health needs consult the GP or NHS Direct if there is no improvement within 24 hours.

**High temperature**
 Encourage the young person to drink plenty of cool fluids, however, if they become increasingly unwell or if the temperature is not resolved within 48 hours consult GP.
 If the child has complex health needs consult the GP within 24 hours.
 If a young person has a persisting high temperature in absence of vomiting or a rash then Paracetamol in appropriate dosage may be administered. See previous paragraph and instructions on medicine for dosage.
 **Follow the manufacturer's instructions. Do not exceed the maximum dose.**

**Head Lice**
 Prevention is better than cure. Regular detection, combing of the hair with conditioner will help prevent infestation.
 When head lice are seen consult your local pharmacist or GP for advice regarding the current treatment of choice. Most pharmacies will issue the treatment. Consider checking other family members for head lice as well.

**The Oral Contraceptive Pill**
The oral contraceptive pill can be prescribed for contraceptive purposes, control of heavy periods and period pains and skin improvement (control of acne). It is only effective if taken as prescribed and following the manufacturer's instructions. Before starting the oral contraceptive pill young people are given comprehensive health checks, including checks for migraine, blood pressure and family history including breast cancer.

- A young person can administer their own contraceptive pill if they are competent to do so (see Part 11 of this policy).
- Where there are issues of capacity the social worker for the child should call a planning meeting to look at the young person's best interest and risk assess the situation.
- Efficacy may be affected by other medications.
- Storage of contraceptive pills should be discussed following a prescription being made. If the young person is to keep this medication it must be kept in an agreed safe place out of the reach of children.

**The needs of children from black and minority ethnic groups.**
Children from black and minority ethnic groups may at an increased genetic risk of developing some conditions and social workers and foster carers should be alert to this. Black children require increased emollients to keep skin and hair well cared for and healthy.

Conditions disproportionately affecting children from black and minority ethnic groups

**Sickle cell anaemia** is an inherited blood condition related to haemoglobin; a protein contained in the red cells of the blood which collects oxygen from the lungs and carries it to the tissues of the body.
Sickle cell anaemia occurs when a child gets sickle genes from both parents causing the red cells to become sticky, clumping together and blocking blood vessels. All new-borns are tested at 7 days for the sickle cell disease and trait by the blood spot tests.

- There are no health implications for a child who has sickle cell trait, although they would need genetic counselling regarding future partners. Sickle cell anaemia can cause severe pain (crisis) and be disabling. There are various treatments available to prevent or relieve symptoms. All children with this condition would be managed by a Haematology team and will require many appointments and support.

**Beta Thalassaemia** is also a genetically inherited blood condition. People carrying the trait remain healthy. They have one defective gene. Those with Beta Thalassaemia major are when the blood contains defective haemoglobin, causing the bone marrow to be unable to produce sufficient effective red blood cells.

**Diabetes** may occur in any child. Children from black and minority ethnic groups are statistically more likely to develop this as they grow older. Where the child/young person requires insulin by injection as a treatment for diabetes this should be given according to the guidance in Parts 12 and 13 of this policy.

- All looked after children are vulnerable to increased risk of mental illness and depression especially in late adolescence. The risk is increased for children from black and ethnic minority backgrounds. Foster carers and other professionals involved with children should be aware of this increased vulnerability and seek early professional and therapeutic support for young people showing signs of mental illness.
- Any symptoms or concerns should be investigated immediately through the GP. If these have not been identified before **t**he development of the above conditions should be picked up through the Health Needs Assessment.

**Documentation**

- The foster carer will keep all the documentation in relation to the child's medication in a file in a safe and secure place. The records should be properly completed, legible and current and should be available for inspection at all times.
- It is the responsibility of the supervisory social worker to oversee that records are kept as described above.
- There should be a **Record of Medication** for each child in placement.
- The **Record of Non-Prescribed Medication** should be used to record medication given which is not prescribed.
- If a child has an accident or there is a serious incident relating to their health a **Record of Accident or Incident** form should be completed and copied. A copy to be retained by the foster carer and a copy to the supervisory social worker to be placed on the child's file.
- For children/young people who self-medicate an affirmative risk assessment will be completed and placed on the child/young person's file and on the foster carer's file.

- The records held by foster carers will be given to the child/young person's social worker when the match ends and placed on the child's file.

**The Supply of Medication**

- Foster carers should ensure that the GP prescribing the medication writes full and precise instructions on the prescription. Instructions such as 'as before' or 'as directed' should be avoided. It is important that the prescriber includes the dose and frequency of administration, and the length of treatment on the prescription, to ensure the correct treatment and to reduce the risk of error in administration. When the administration route is other than oral, it is important for the prescriber to indicate the route for administration. The criteria for use of an 'as required' medication must be made clear by the prescriber.
- Foster carers should ensure that prescriptions should be written for individually named children / young people. Medication prescribed for a child/young person should not under any circumstances be given to another child or used for a different purpose.
- All medicines are normally dispensed in the manufacturer's original pack. Medications should always be kept in their original containers bearing the pharmacist's label and not be decanted into other bottles and containers. Original packs such as calendar or blister packs must be clearly labelled with the child/young person's name on.
- Where medication for a child/young person differs unexpectedly from those received in the past, the foster carer must check this out with the GP or pharmacist before administering the medication.
- Labels must be clearly printed on each medication container dispensed. If the label becomes detached from a container, becomes damaged or illegible the advice from the pharmacist must be sought. The medication should not be used until this has been clarified.
- If the GP changes the dose of a medication the container must then be clearly re labelled by the pharmacist or GP. Foster carers should not alter any information on labels of medication.
- Occasionally verbal orders may need to be given to foster carers by a GP to either initiate or change medication. This information must be clearly recorded including the date and time. This information must be verified in writing by the GP as soon as possible.
- The medication of each child/young person should be reviewed regularly. This will be at least on an annual basis and should normally be undertaken by a prescribing clinician, the foster carer and whenever possible the child/young person. The needs of a child/young person are continually changing and these should be taken into account at the time of review.

**The Administration of Medication**

- Medication should be administered strictly in accordance with the prescriber's instructions.
- The label on the container supplied by the pharmacist must not be altered under any circumstances.
- Medication should not be used for social control or punishment.

- All medication administered should be recorded by the foster carer at the time when it is given. The administration of prescribed medication should be recorded on the **Record of Medication**, and should include the date, time, dose, route. It should be signed by the carer in the signature column. Carers should not complete this retrospectively.
- Any medication administered through a nursing care intervention must be recorded on the **Record of Medication**, and should include the date, time, dose, route. It should be signed by the carer in the signature column. Carers should not complete this retrospectively.
- All household remedies administered must be recorded by foster carers on the **Record of Non-prescribed Medication**.
- Where there is a choice of dosage e.g. 1 or 2 tablets, the foster carer should record the number administered.
- The foster carer should record if the medication is refused by the child / young person or not administered stating the reason why.
- The child's social worker and GP should be informed by the foster carer if a child/young person persistently refuses to take prescribed medication. The circumstances will vary as to when the above should be informed, but should be within 4 days of the medication continuing to be refused. The foster carer should record any advice given and where necessary a Health Plan Meeting should be held.
- If adverse effects are observed the foster carer should consult a medical practitioner immediately, The GP /prescriber and pharmacist should be informed, and advice given should be recorded in the foster carer's diary and on a **Record of Accident or Incident** form. Copies of this should be given to the social worker for the child's case file and to the fostering supervisory social worker to be placed on the foster carer's file.
- Where a drug is not required to be given on a regular basis and can be administered 'When required' or 'Where necessary' this information should be recorded on the **Record of Medication.**

**Non-Prescribed Medication**

- Non-prescribed medication should only be dispensed after careful consideration and assessment of the child/young person's presenting problem. **However, a child/young person should not be left in any pain or discomfort.**
- Foster carers should only give non-prescribed medication as indicated by the manufacturer's instructions.
- If adverse effects are observed the foster carer should consult a medical practitioner immediately. Advice given should be recorded in the foster carer's diary and on a **Record of Accident or Incident** form. Copies of this should be given to the social worker for the child's case file and to the fostering supervisory social worker to be placed on the foster carer's file.
- Non-prescribed medication should be recorded on the **Record of Non-prescribed Medication**. It should be up to date and available for inspection at any time.

***Foster carers must be aware that symptoms, which may appear minor, could be indicative of a more serious underlying condition. Therefore treatment should not be extended***

***beyond two days without medical advice being sought. However if the condition deteriorates, medical advice should be sought immediately. If there are any doubts or concerns please contact the GP or NHS Direct 0845***

**When a Child/Young Person Administers their own Medication**

There may be occasions where a child/young person will request to store and administer their own medication e.g. contraceptive pill, inhalers, creams etc. The child's social worker and the fostering/ Family Placement supervisory social worker must be clear following a comprehensive risk assessment that the individual child can do so safely without risk to self or possible risk to others. The foster carers view on the child/young person's ability to manage their own medication should be ascertained and taken into account. The risk assessment should include the following questions:

- Does the child/young person want to self-administer?
- Has the child/young person been responsible for their medication at home or in previous placements?
- Does the child/young person
    1. Recognise the medication (by name or appearance)?
    2. Know when to take it?
    3. Have some appreciation of its purpose?
    4. Understand the implications of not taking the medication?
    5. Is the child/young person able to understand the information leaflet provided with the medication? Have they read this and/or had it explained to them?
    6. Does the child/young person understand the need for keeping the medication stored safely?

If the answer to all the above questions is yes, proceed with the self –administration of medication. A copy of the risk assessment should be placed on the child's/ young person's file and the carer's file, and documented in the child/young person's case records. The risk assessment should be signed by the child/young person to confirm that they accept responsibility for their own medication.

1. The medication must be stored at all times in the individual young person's room in a small lockable drawer/cupboard, or a safe place agreed with the foster carer.
2. The medication must be clearly labelled with the young person's name and the dosage / instructions for use.
3. The foster carer should instruct the child/young person in the correct dosage and use of the medication.
4. If the child/young person cannot present his or her own prescriptions at the pharmacy because of disability or because they are a child, this does not mean that he/she will be incapable of exercising control over his or her medication.
5. A young person who is physically unable to open medicine containers or blister packs may still be able to exercise control over their medication provided that the foster carer assist the young person in taking his/her medicines.

**Nursing Care Interventions**

(*Previously referred to as Invasive Medical Treatments)*

- It is agreed that foster carers are authorised to administer nursing care interventions to children in their care following the agreed procedures.
- Foster carers will be given written information regarding the health needs of the children they are matched to, and specifically nursing interventions the child requires prior to the child being placed. Where the child is already in placement all information will be given to the foster carer.
- All nursing interventions will be subject to the appropriate training
- The following nursing care interventions required by individual children who are being cared for by a foster carer may be carried out by the foster carer once they have been shown to be a competent practitioner following appropriate training by a qualified nursing professional and subject to the consent of the parent/guardian of the child.
    - Gastrostomy feeding and care
    - Naso-gastric feeding and care
    - Basic stoma care, i.e. replacement and removal
    - Administration of rectal Diazepam
    - Administration of Buccal Midazolam
    - Administration of enemas
    - Administration of oxygen
    - Use of nebulisers
    - Oral suction

(These are hereafter referred to as approved nursing care interventions).

- Wherever possible alternatives to rectally administered nursing interventions will be sought.
- It is accepted that there will be some children who require nursing care interventions other than those listed in IV. and their omission may run contrary to the fostering philosophy of inclusion. In such circumstances, the nursing care interventions required by the individual child will be confirmed by a case discussion. An interdisciplinary decision will be made to ensure that the foster carer and all agencies involved are in agreement that the nursing care intervention can be performed by the foster carer. This agreement should be subject to the following:-
    - That it is based on an individual need
    - Based on an individual nursing care plan or a multi-disciplinary assessment care-plan
    - Based on agreement across the relevant professionals and organisations
    - Based on agreement by the foster carer to undertake the intervention
    - That training is given as part of the care plan by qualified nursing professional
    - That competency is tested by observation and/or discussion
    - That it is limited to that procedure for that child

***Foster carers may only replace a gastrostomy/mic-key tube where the above agreement has been reached and they have been trained to do so by a qualified medical practitioner. If not medical advice must be sought immediately in the event of the tube being displaced. The gastrostomy tube must be replaced within 2 – 4 hours or the stoma will close.***

**Nursing Interventions: Identification of Procedure and Parental Consent** (Family Placement Medical Form 1) (see appendix) will be completed in respect of each nursing intervention for each individual child. This will be completed prior to the foster carer undertaking any nursing care intervention or placement in respect of the child. The completed form will be copied to the foster carer, the child/young person's social worker, the nursing team teaching the procedure, and the parent/guardian where appropriate. A copy will be kept on the child/young person's file and on the foster carer's file.

- The Fostering Service supervisory social worker is responsible for ensuring the above form is completed.
- The training will be given by a qualified nursing professional.
- Where training is given in respect of an approved nursing care intervention the nursing professional will ensure the foster carer is given the relevant training pack.
- The written consent of the parent/guardian, or agency holding parental responsibility will be recorded on the **Nursing Interventions: Identification of Procedure and Parental Consent** (Fostering Service Medical Form 1).
- No foster carer will be required or compelled to undertake training or to administer nursing care procedures with which they are not completely comfortable. The foster carer has the right to opt out of any procedure they do not wish to administer.
- Any medication (such as buccal medazolam, insulin, etc) administered through a nursing care intervention must be recorded on the **Record of Medication**, and should include the date, time, dose, route. It should be signed by the carer in the signature column. Carers should not complete this retrospectively.
- Any current nursing care intervention undertaken by a foster carer should be discussed at their review, at the child's LAC review and Health Needs Assessment.
- When carrying out any nursing procedure, consideration should be given to privacy and maintaining the child's dignity.
- As long as the agreed procedure is followed a foster carer will be indemnified in respect of any claim for personal injury which arises, subject to the terms and limitations of the liability insurance policy.

**When a Child/Young Person Administers their own nursing interventions**

There may be rare occasions where a child/young person will wish administer their own nursing interventions e.g. stoma care, rectal washouts, diabetic injections. The child's social worker and the fostering supervisory social worker must be clear following a comprehensive risk assessment that the individual child can do so safely. The decision should take into account the child's wishes and dignity, and the foster carers view on the child/young person's ability to manage their own nursing interventions. The decision should be an interdisciplinary one, whereby a qualified nurse feels confident that the child is competent to undertake the procedure. The risk assessment should include the following questions:

- Does the child/young person want to self-administer?
- Has the child/young person been responsible for their nursing interventions at home or in previous placements?
- Has a qualified nurse instructed the child in the medical intervention?
- Is the qualified nurse satisfied that the child/young person is competent to carry out the intervention?

- Is the child/young person able to understand the importance of the intervention to their health and well-being?
- Does the child/young person understand the times when the nursing intervention should be undertaken and are they able to do this?
- Has the child/young person signed to say that they wish to take responsibility for their own nursing intervention?

***If the answer to all the above questions is yes, an inter-disciplinary meeting which may include the child/young person, the foster carer, the qualified nurse, the child's social worker, and the fostering supervisory social worker should meet to weigh the risk and make the final decision. A copy of the risk assessment should be placed on the child's/ young person's file and the carer's file, and documented in the child/young person's case records. The risk assessment should be signed by the child/young person to confirm that they accept responsibility for their own medication.***

**The Storage and Disposal of Medication in foster placements**

- All medication must be kept in a safe place out of the reach of children. This should preferably be in a locked cupboard although it is acknowledged that this is not always possible in a family home.
- Where the medication is a controlled substance (e.g. Ritalin) this must be kept in a locked cupboard.
- The fostering or Family Placement supervisory social worker will discuss with the Family Placement carer where medications are stored as part of the supervisory process.
- Where medication needs to be kept at a particular temperature (e.g. in the fridge) the prescriber's instructions must be followed. Care should be taken to ensure that this is out of reach of children in a separate part of the refrigerator.
- Controlled medication which needs to be kept in the fridge must be in a locked container.
- No medication should be given after the use by date on the bottle/packaging.
- Care should be taken by the foster carer to ensure that unused/out of date medicines are disposed of safely (if possible by return to the pharmacist), and that all outdated medication is disposed of.

**When the child goes on holiday, school trips or short breaks.**

- If a child/young person is going to school, on holiday, or parents, the child/young person's original dispensed medicines or a separately dispensed supply of medicines should be used. Medication must not be placed in envelopes or other types of containers. They should remain in the original packaging, clearly labelled with the child's name, dose and frequency of medication. Any medicines leaving or entering the foster home should be appropriately recorded on the **Medication Leaving the Foster Home** sheet. This can be sent on school transport with the child where medication is transported in this way.
- A copy of this should be kept by the foster carer in a confidential safe file with other paperwork pertaining to the child. It should be given to the social worker to be kept on the child's file when the child leaves the placement.

**If a Child Moves Placement**

If a child/young person is transferred, the appropriate records should be sent directly to the next placement. A detailed record of medicines sent out with the child/young person should be kept to include:-

- Name, strength and quantity of medication
- Date of sending out the medication
- The signature of the member of staff sending the medicines out
- The signature of the person receiving the medicines

*Copies of these should be kept on the child's file and on the foster carer's file*

**Emergency Placements**

- The child's social worker must ensure that there is a **Placement Agreement** in place with the foster carer for emergency placements and that this details the medical needs of the child including medication and any invasive nursing interventions required.
- If the child requires invasive nursing interventions the **Record of Nursing Care Interventions** (Medication Recording for Looked After Children Form 4) must be completed and the carer must be trained by a qualified nurse in the procedure before the placement can commence.

**Notifiable Infectious Diseases**

If a child in placement contracts a notifiable infectious disease Ofsted and the Department of Health must informed.

**Appendices:**

1 **Record of Medication:**
**Medication Form for Looked After Children 1**
2 **Record of Non-Prescribed Medication:**
**Medication Form for Looked After Children 2**
3 **Medication Leaving the Foster Home:**
**Medication Recording for looked after children 3**
4 **Nursing Interventions: Identification of Procedure and Parental Consent Form**
**Family Placement Medical Form 1**
5 **Family Placement Accident/Incident Form**
6 **Notifiable Infectious Diseases** 2