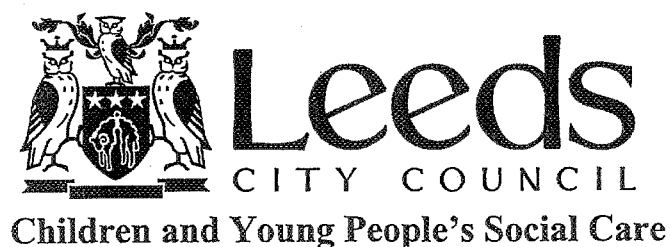


Factfile (Appendix 8a Management of Fostering Service)



FOSTERING SERVICE

Medication Policy for Looked After Children In Foster Care

Summary

This is a summary of the policy. A full copy of the policy should be given to Family Placement foster carers, any foster carer looking after a disabled child, or any foster carer looking after a child who requires invasive nursing procedures.

The Duty of Foster Carers

- I.* 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.
- II.* The foster carer should register children placed with their GP and Dentist.
- III.* A Health Needs Assessment should be undertaken annually for all looked after children. The foster carer should work with other professionals to ensure this happens.
- IV.* 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.
- V.* Where a child is on medication the foster carer should ensure that this is regularly reviewed.
- VI.* All medication given to foster children should be recorded by the foster carer as outlined in this policy.

VII. All foster carers should keep a well equipped First Aid box.

VIII. All foster carers should attend a recognised First Aid Training Course

Consenting to Medical Treatment for looked after Children

- I. 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.
- II. 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.
- III. The level of consent delegated to foster carers should be clearly understood by the foster carers themselves, other Departmental staff, parents and children.
- IV. Where the foster carer 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

- I. 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.
- II. Children who are judged able to give informed consent cannot be medically examined or treated without their consent.
- III. 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

- I. 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 wherein the Court has made specific directions - see Section 5 below.
- II. 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.

Consent for operations and treatment requiring general anaesthetic

- I. Where a child is being accommodated as the result of an agreement, the consent must be given by the child's parent(s).
- II. 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.
- III. 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 the Children's Service Delivery Manager) must be contacted without delay.
- IV. 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 Service Delivery Manager.
- V. If the Service Delivery 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 Service Delivery Manager.
- VI. 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 Delivery Manager should be contacted.
 - I. 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.**
 - II. 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 on the **Essential Information Record Part 1**. The **Placement Plan Part 1 Placement Agreement** gives details of consent and should be taken with the child to the hospital.

- III. Some minor conditions may be resolved with a home remedy. Advice can be given by NHS direct or the GP. See full medication policy for guidance.

Documentation

- I. 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.
- II. It is the responsibility of the supervisory social worker to oversee that records are kept as described above.
- III. There should be a **Record of Medication** for each child in placement.
- IV. The **Record of Non-Prescribed Medication** should be used to record medication given which is not prescribed.
- V. 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.
- VI. For children/young people who require invasive nursing interventions a copy of the training agreement **Identification of Procedure and Parental Consent** will be placed on the child's file, the foster carers file, a copy kept by the foster carer, and a copy sent to the nurse who gives the training in the procedure.
- VII. 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.
- VIII. 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 Administration of Medication

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

- V. All household remedies administered must be recorded by foster carers on the **Record of Non-prescribed Medication**. Foster carers should only give non-prescribed medication as indicated by the manufacturer's instructions
- VI. The foster carer should record if the medication is refused by the child / young person or not administered stating the reason why.

Nursing Care Interventions

- I. All nursing interventions will be subject to the Training Agreement and protocol agreed between the Social Services Department of Leeds City Council, Leeds Primary Care Trust hosting Children's Services, and the Leeds Teaching Hospitals NHS Trust
- ii. The following nursing care interventions required by individual children who are being cared for by a foster carer (including Family Placement foster carers) 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
- III. A **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 Storage and Disposal of Medication

- I. 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.

- II. Where the medication is a controlled substance (e.g. ritalin) this must be kept in a locked cupboard.

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

- I. 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. 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.

If a Child Moves Placement

- I. 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

FOSTER CARE / RECORD OF MEDICATION
Medication Recording for Looked after Children 1

Name and Date of Birth of child:	Name of foster carer giving medication:
GP Name and tel. No	Name of child's consultant:

Any known medicine allergy/sensitivity?

MEDICATION PRESCRIBED

Medication Name	Prescribed by	Date received	Strength/dose	Route	Frequency	Date discontinued

Homely remedies / non-prescribed medication being taken:

Any information given by pharmacist on food or other agents which might react with the prescribed medicines?

PRESCRIBED MEDICATION GIVEN

Date	Medication	Time	Dose/strength	Signature

MEDICATION ON LEAVING THE FOSTER HOME
Medication Recording for looked after children 3

Name and Date of Birth of child:	Name of Family Placement carer
Name of child's GP:	Name of child's consultant:

MEDICATION PRESCRIBED

Medication Name	Strength/Dose	Route	Frequency

Quantity of Medication Given:

Any Special Instructions:

Signature of foster carer passing medication:

SIGNED.....

DATE.....

Signature of person receiving medication:

SIGNED.....

POSITION.....

DATE.....

