

Medication Policy and Practice Guidance for Foster Carers (including Early Permanence) and Short Break Foster Carers

Document last updated: Oct 2023

Document Review due: October 2026



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| Title | Medication Policy and Practice Guidance for Foster Carers |
| Purpose | **Policy for fostering service to ensure that carers are providing good health care to looked after children** |
| Updated by | **Jo Littleson (Provide: Specialist Health Care Training Team), Rudia Tsai (Fostering Team Manager) and Natalie Isaac (Fostering Team Manager)** |
| Approved by | **Fostering Board** |
| Date | **October 2023** |
| Version number | **2 (updated format for foster carers)** |
| Status | **Approved** |
| Review frequency | **Three-yearly** |
| Next review date | **October 2026** |

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**Version Control**

This document has been written to replace the previous Medication Policy and medication workbook. This is written specifically for foster carers and is a policy and working document for use with Essex foster carers and their SSWs.

August 2018

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| Date Issued: | Version | Summary of Changes | Created by |
| November 2018 | 1 | New document for use with foster carers | Rosemarie Cronin/Rudia Tsai/Jo Littleson |
| August 2023 | 2 | Review of Medication Policy and Practice Guidance for Foster Carer and Short Breaks Carers | Rudia Tsai / Jo Littleson / Natalie Isaac |
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# Introduction

Standard 6 of the Fostering National Minimum Standards (2011) states that children should live in an environment where their physical, emotional, and psychological health is promoted and where they are able to access the services necessary to meet their health needs.

It is very important that foster carers promote children’s health, are clear about what responsibilities and decisions are delegated to them and when consent for medical treatment needs to be obtained. Foster carers should be provided with all the key information regarding the medical needs of any children and young people that they look after. It is also important that foster carers are trained in the management and administration of medication including complex health needs to ensure the safety of the children and young people in their care.

# Levels of Training

**Level 1 - Induction Training**

SSW to provide with a copy of the Medication Policy and Practice Guidance document. Foster Carers/short break carers to read the document. Foster Carers/Short Break Foster Carers also need to complete First Aid training.

**Level 2 – Medication Agreement**

The carers’ Supervising Social Worker (SSW) should check their understanding of the medication policy, going through the practice of recording information on the approved medication sheet (see Appendix 1) and signing off carers understanding and agreement of practice (Appendix 3). Please note that some carers who have children with complex medical needs may use the Essex County Council Medication and Administration Record (MAR) chart rather than the Foster Carer Medication Dispensing Record in Appendix 1. These are available from the quadrant fostering team.

**Level 3 – Specialist Healthcare Tasks and Competencies – for children with disabilities. SSW to refer to the Specialist Healthcare Team for this.**

To access the Provide Specialist Healthcare Tasks Training Team, level 3, a child must have a disability as well as specialist health care need e.g., epilepsy with rescue medication, be 19 years or under and reside within Essex County Council Borough. Further information about this service is available from their online brochure: <https://providechildrenandfamilyservices.co.uk/services/specialist-healthcare-training/>

Awareness Training and completed competencies are required for the more complex health needs of a particular identified child or young person. This is a task in addition to the Medication Agreement of Practice and is identified as specific to the child or young person. The carer will be trained by a health professional. This is NOT a generic competence AND cannot be applied to other children or young people or in different settings.

The date for monitoring and reviewing the carer’s competency will be recorded on the Specialist Healthcare Training database, and SSW’s need to record on the foster carer training form on Mosaic. When competency is reviewed this should also be recorded in the same way.

Examples of healthcare tasks and competencies include:

* Buccal Midazolam
* Rectal Diazepam
* Oral Suction
* Oxygen therapy
* Enteral Feeding (e.g., gastrostomy or jejunostomy feeding)
* Adrenaline auto injections (e.g., EpiPen)

**Level 4 – Specialist Healthcare tasks where the carer is required to make a clinical decision regarding the child’s medical care. Refer to Specialist Healthcare Team who will complete a risk assessment which will then be signed off by Helen Lincoln (Executive Director of Children and Families, Head of Services) and Chris Martin (Director, Strategic Commissioning and Policy People Commissioning Management)**

Examples of level 4 tasks include:

* Oxygen saturation monitoring
* Long Term Ventilation (CPAP or BiPAP)
* Tracheostomy care

The following is covered under our existing medical malpractice Insurance and insurers need to be notified of these procedures:

* Administration of enteral feeds- e.g., gastrostomy, nasogastric and jejunostomy feeds (these are tubes going into the body for feed/ fluid purposes)
* Administration of medications- these could be oral, rectal, intramuscular or buccal (inside the cheeks)
* Oxygen therapy and oxygen saturation monitoring
* Use of oral suction (medical hoover-type device used to remove excess secretions- similar to what they use at the dentist)

**PLEASE NOTE: to be covered by the public liability insurance a plan must be in place, foster carers are appropriately trained, and there is a training record kept for this. Foster Carers and SSWs MUST notify CWD Team Manager Lead if they are required to undertake any invasive procedures. The annual medical liability list could change yearly so it is important that you make the SSW aware if administering any invasive procedures. SSWs will need to ensure they have the most updated information.**

# Children who do not have a diagnosed disability

If a child does not have a diagnosed disability but has a level 3 need, training should be sought from hospital teams or the local children’s community nursing service as they would not meet the criteria for the specialist healthcare team.

# Respite/ Short Breaks / Alternative Care (friends, family, babysitters etc.)

Any foster carer whose child is going to a respite placement would be expected to share the relevant health needs of the child e.g., medication history, allergies, and what to do in the case of an emergency.

Any Short Break Carers receiving a child from the care of their parent(s) for short breaks should receive up to date medical information and Delegated Authority from the parent(s). This must be reciprocated at the end of the overnight short breaks period and carers are required to update parent(s) on any relevant medical information.

If the child receiving overnight short breaks requires medical treatment, the carers must contact parent(s), Child Care Social Worker, SSW and Emergency Duty Service (EDS) if out of hours, to advise.

It is important to remember that if children are moving to another Essex County Council foster carer for any period of time the foster carer must be trained for any level 3 or 4 specialist health care tasks that they might be required to undertake.

For non-Essex foster carers/alternative carers there should be further discussion with the SSW to assess how best to support the alternative carer to meet the child’s medical needs. Training is not available for these carers through the specialist health care team, but other health professionals may be able to provide training e.g., community nurses.

Alternative/respite carers must also have the Delegated Authority document signed by parents and/or social worker of the child.

# The Administration of Medication

Foster carers should receive a Delegated Authority form signed by those with parental responsibility regarding the giving of medication and other medical procedures/ interventions.

## Consent and Refusal

1. Carers should always communicate with and seek consent from the child in a way that the child can understand regarding the giving of medication. For young children, or children with disabilities this may be in the form of visual cues e.g., opening mouth, lifting top to expose feeding tube etc.
2. 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 (e.g. taking medication or the administration of suppositories). If this is identified as an issue, this should be discussed at the placement planning meeting and strategies put in place in order to best manage the problem. However, if this is not an identified issue, carers should discuss it with the prescriber e.g., pharmacist, GP or 111 service to explore further alternatives.
3. Where a child/young person is clearly reluctant and refuses medication or a medical procedure, the foster carer should try to persuade the child to accept this as it is in their best interests. The foster carer should not use physical force or restraint to give medication or undertake a medical procedure.
4. If a child/young person in placement refuses to take medication, the foster carer should record this on the foster carer medication dispensing record/MAR chart. They should also record in foster carer logs and discuss with the childcare social worker, SSW and/or relevant professionals as soon as possible.

## Storage

1. All medication must be kept in a safe place out of the reach of children.
2. The SSW should discuss storage of medication during supervision.
3. Where medication needs to be kept at a particular temperature (e.g. in the fridge) carers should follow directions on pharmacy label. Care should be taken to ensure that medication in the fridge is out of reach of children.
4. Medication should not be used after the expiry date or if the packaging appears to have been tampered with.
5. All medication must have the label on with the child’s name, dosage and instructions on.
6. If medication has been received by the parent/guardian this should be in its original packaging and should be logged on arrival with the foster carer/short break carer and returned to the parent/guardian when the child returns into their care. Carers should refuse to accept and dispense any medication without the correct documentation.
7. Care should be taken to ensure that medicines are disposed of safely and that all outdated medication is disposed of.

## Disposal of medicines

If you have medicines that have passed their expiry date, take them to your pharmacist, who can dispose of them safely for you. You should never throw unused or expired medicines in the rubbish bin or flush them down the toilet.

Ref: NHS, 2017. Why do medicines have expiry dates? [online] Available at

<https://www.nhs.uk/common-health-questions/medicines/why-do-medicines-have-expiry-dates> [Accessed 6th January 2020].

## Controlled Drugs

Certain prescription-only medicines have more stringent controls applied and these are classed as controlled drugs (CDs). There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Regulations 2007 (as amended). The Misuse of Drugs Regulations specify who is allowed to supply and possess CDs. Controlled drugs are divided into five categories.

Sometimes, local policies will increase the requirements for particular drugs, for example Temazepam may be recorded in CD registers in residential homes where there has been a problem with tablets going missing or Oramorph may be treated as a CD with full records and prescribing requirements although its low concentration means that it is not legally a schedule 2 controlled drug.

See Appendix 2 for further information on Controlled Drugs – Regulations and Classifications.

# Record Keeping

**Start of placement**

* All medication should be discussed at the placement planning meeting and/or at the start of the placement, whichever is sooner.
* All medication should be discussed between the foster carer and the parent(s) to ensure that medical information is current for children going for short breaks.
* Should a child on short breaks require any emergency medical attention, agreement should be reached between the parent(s) and the Short Break Carers at the Placement Planning Meeting regarding notification of the emergency.
* All medications (prescription and over the counter) should be reviewed to ensure that dosage and directions are accurate. Foster carers can only administer the dosage stated on the medication label unless, in exceptional circumstances, a signed letter of confirmation, with an updated dosage is received from the GP or medical team.
* The quantity of medication received by the foster carer should be recorded on the medication dispensing record.

**During placement**

* Foster carers are expected to record all medication on the medication dispensing record. This includes prescribed medicine, over the counter remedies and homely remedies.
* SSWs should review a carers medication dispensing record in supervisions to ensure that medication is being recorded correctly.

**End of placement**

* All medication must be logged on the medication dispensing record with quantities returned. This medication should accompany the child and be given to an appropriate adult to be passed on to the next parent/carer.
* Short Break Carers to ensure parent(s) are notified of any medication administered or updates on the child’s medical condition.

# Incidents

If an incident occurs in relation to medication (the child is given more than the prescribed dose, the medication prescribed is not given to the child, the child has an adverse reaction to medication, a child gets access to and consumes medication not prescribed for them or the medication is given in the wrong route of administration) then medical attention must be sought, e.g. GP, out of hours GP service or 999.

Carers must notify their SSW and child’s social worker, an incident form must be completed. This could be category A or B dependent upon the severity of the incident.

Foster carers must also record the incident on their medication dispensing record.

# First Aid

It is important for foster carers to plan for the administration of first aid and medication.  All foster carers must complete First Aid training and repeat this training every 3 years.

Foster carers must keep First Aid ‘Kits’ in the home and it is recommended that they also have one in the car. Carers should make sure they are readily accessible, easy to identify, and checked regularly to ensure that the contents are in good condition and in date.

Further information regarding contents of First Aid Kits can be found on the NHS website

[www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-keep-in-my-first-aid-kit/](http://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-keep-in-my-first-aid-kit/)

# Home Remedies

Home remedies are medicines that can be bought over the counter without prescription, including Paracetamol, Aspirin, homeopathic, herbal, aromatherapy, vitamin supplements or alternative therapies.

Although Aspirin may be purchased 'over the counter', without prescription; it may not be given to children unless prescribed by a medical practitioner. Further information can be found at [Who can and cannot take aspirin for pain relief - NHS (www.nhs.uk)](https://www.nhs.uk/medicines/aspirin-for-pain-relief/who-can-and-cannot-take-aspirin-for-pain-relief/)

Any home remedies given to a child should be discussed at the placement planning meeting, this should include any consent of the parent, the child if over 16 or after consulting with the child's GP.

Home remedies must be kept out of reach of the child, unless a child is permitted to keep their own home remedies, in which case the arrangements for this must be set out in the Placement Plan.

Home remedies should be given at the dose as per manufacturer’s instructions.

Home remedies, other than Paracetamol, should only be given for a maximum of 48 hours. If the symptoms continue the child should see a GP before further dosages are given. Where children are not able to give home remedies themselves, care must be taken to make sure they take it correctly and with the foster carer present.

Advice should be given to a child/young person if they purchase/obtain home remedy medication/drugs. A record should be made of this advice.

# Self-Administration of medication

If the young person wishes to administer their own medication, this should be discussed and agreed by the young person’s reviewing officer, social worker, parent (If applicable) and foster carer. As part of this discussion the mental capacity of the child/young person must be considered.

If it is agreed that a child/young person will self-medicate then this will be subject to a risk assessment and the arrangements will be recorded as part of the Placement Plan. This should specify whether this applies to first aid, home remedies and/or prescribed medication and the arrangements to be put in place for the safe storage of the medication.

Young people 16 - 18 years old are able to attend GP surgery and buy over the counter medication for themselves. Foster carers are encouraged to engage in discussion with their young people about their general health needs and any medication they are taking. If the foster carer has any concerns in relation to self-medication this should be discussed with the allocated worker.

Contraception can be prescribed to children/young people under the age of 16 years without permission of a parent/guardian (carer) as long as they are considered mature enough by the medic, to understand the information and the decisions involved. Carers are encouraged to discuss contraception options with any young people who may be sexually active. The young person would then be responsible for taking the appropriate medication.

# The Role of the Assessing Social Worker

The Medication Policy should be given to prospective carers during the assessment period to enable carers to read and understand the contents. It is preferable for prospective carers to complete this close to attending panel for approval as SSWs will be signing off as soon as possible after approval.

# The Role of the SSW

**Supervision:** During each supervision sessions SSW’s should discuss and review any medication that a child in placement has and ensure that this is recorded appropriately. They should then sign that they have reviewed the medication dispensing record.

If they have any concerns regarding the administration of medication e.g. refusal or missed or lost doses, then these should be recorded in the foster carer logs and included in the supervision write up.

If the child has not had any medication between supervision sessions this should also be recorded in supervision records under the health of the looked after children.

**Agreement of Practice Form sign off (see Appendix 3)**

The SSW should ensure that the carer(s) have knowledge and understanding of the medication policy and meet all points listed on the Agreement of Practice Form. The SSW and foster carer should then complete the Agreement of Practice Form (Appendix 3). This should be uploaded onto mosaic and recorded on the carers training form.

This must be reviewed annually.

**Annual Review of Agreement of Practice Form (see Appendix 4)**

In subsequent years the Agreement should be revisited face-to-face to ensure that carers have the knowledge and understanding of the medication policy and to review how they have put it into practice. The SSW should record this on the carers training record and upload the Agreement onto the carers mosaic record.

# Allergies

Any allergies should be medically diagnosed. If an allergy has not been medically diagnosed it may be considered an intolerance or sensitivity. If it is considered to be a new allergy, then medical assistance should be sought e.g. GP or Accident and Emergency.

Any allergies must be discussed and recorded at the placement planning meeting or at start of the placement, whichever is sooner. These should be recorded on the Medication Dispensing sheet or MAR chart.

All foster carers or anyone looking after the child must be made aware of any allergies that the child or young person has. An allergy action plan is usually in place written by their medical team.

# Medical Emergency

If a child is at risk or requires medical attention you should apply first aid if it is safe to do so, notifying the SSW and child’s social worker at the first opportunity. This must not compromise or delay the process of getting medical help, and, if in doubt, they should call for emergency medical help.

If a carer feels that there is a risk of serious harm or injury, is unable to manage safely or contact medical help in a timely manner, then they should contact police and/or ambulance.

# Death of a child in foster care

Foster carers should call an ambulance and the police immediately.

They should contact the SSW/ duty worker and child’s social worker as soon as practicable. If out of hours, contact should be made with the Emergency Duty Service.

If the death is unexpected, foster carer should not touch, move, or interfere with the body of the child or young person.

# Useful weblinks and training videos

## Training Video Links:

World Health Organization ‘Medication without harm’

<https://www.who.int/initiatives/medication-without-harm>

Asthma inhalers and spacers: <https://www.asthma.org.uk/advice/inhaler-videos/>

How to give ear drops or spray: <https://www.gosh.nhs.uk/conditions-and-treatments/medicines-information/how-give-your-child-ear-drops-or-spray/#:~:text=Gently%20pull%20your%20child%27s%20earlobe,can%20spread%20inside%20the%20ear>.

Tablets or capsules: <https://www.gosh.nhs.uk/medical-information/medicines-information/how-give-your-child-tablets-or-capsules/how-give-your-child-tablets-or-capsules-video-podcast>

Eye ointment: <https://www.gosh.nhs.uk/conditions-and-treatments/medicines-information/how-give-your-child-eye-ointment/>

Eye drops: <https://www.gosh.nhs.uk/medical-information/medicines-information/how-give-your-child-eye-drops>

Liquid medication using a syringe: <https://www.gosh.nhs.uk/conditions-and-treatments/medicines-information/how-give-your-child-liquid-medicines/>

Suppositories: <https://www.gosh.nhs.uk/conditions-and-treatments/medicines-information/how-give-your-child-suppositories/>

Finding medication information on the internet: <https://www.gosh.nhs.uk/medical-information-0/medicines-information/finding-reliable-medicines-information-internet>

Medical cannabis for use in epilepsy: <https://www.epilepsy.org.uk/info/treatment/cannabis-based-treatments>; <https://www.nice.org.uk/news/article/nice-draft-guidance-and-nhs-england-review-highlight-need-for-more-research-on-cannabis-based-medicinal-products>

## Other helpful websites:

National Health Service**:** [**https://www.nhs.uk/**](https://www.nhs.uk/)

# Appendix 1 Foster Carer Medication Dispensing Record

**Name of Carer ………………………………………………**

**Name of Child ………………………………………………. Date of Birth …………………………………………………**

**Allergies: ……………………………………………………………………………..**

**Record below the name of medication, strength (e.g. paracetamol 120 mg/5ml) date, dose/route, time medication is given, reaction and sign each entry.**

**If medication is lost or refused this should also be recorded in the appropriate dose section, signed and seek medical advice.**

**Always seek medical advice from General Practitioner if symptoms persist for more than 48 hours.**

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| **Medication name**  **Strength** | **Date** | **Dose** | **Route of administration** | **Time**  **Given** | **Reason for administration** | **Signature** |
| *E.g. Paracetamol 120mg/5ml* | *30/8/19* | *3 ml* | *Oral* | *12:10* | *Pain relief* |  |
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|  |  |  |  |  |  |  |
| **Medication name**  **Strength** | **Date** | **Dose** | **Route of administration** | **Time**  **Given** | **Reason for administration** | **Signature** |
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# Appendix 2 Controlled Drugs – Regulations and Classifications

Reference: NICE (National Institute of Clinical Excellence), 2019. Controlled drugs and drug dependence [online]. Available at: <https://bnf.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html> [Accessed 21 April 2023].

**Regulations and classification**

The Misuse of Drugs Act, 1971 as amended prohibits certain activities in relation to ‘Controlled Drugs’, in particular their manufacture, supply, and possession (except where permitted by the 2001 Regulations or under licence from the Secretary of State). The penalties applicable to offences involving the different drugs are graded broadly according to the *harmfulness attributable to a drug when it is misused* and for this purpose the drugs are defined in the following three classes:

* **Class A** includes: alfentanil, cocaine, diamorphine hydrochloride (heroin), dipipanone hydrochloride, fentanyl, lysergide (LSD), methadone hydrochloride, 3, 4-methylenedioxymethamfetamine (MDMA, ‘ecstasy’), morphine, opium, oxycodone hydrochloride, pethidine hydrochloride, phencyclidine, remifentanil, and class B substances when prepared for injection.
* **Class B** includes: oral amfetamines, barbiturates, cannabis, *Sativex*®, codeine phosphate, dihydrocodeine tartrate, ethylmorphine, glutethimide, ketamine, nabilone, pentazocine, phenmetrazine, and pholcodine.
* **Class C** includes: certain drugs related to the amfetamines such as benzfetamine and chlorphentermine, buprenorphine, mazindol, meprobamate, pemoline, pipradrol, most benzodiazepines, tramadol hydrochloride, zaleplon, zolpidem tartrate, zopiclone, androgenic and anabolic steroids, clenbuterol, chorionic gonadotrophin (HCG), non-human chorionic gonadotrophin, somatotropin, somatrem, somatropin, gabapentin, and pregabalin.

The Misuse of Drugs (Safe Custody) Regulations 1973 as amended details the storage and safe custody requirements for Controlled Drugs.

The Misuse of Drugs Regulations 2001 (and subsequent amendments) defines the classes of person who are authorised to supply and possess Controlled Drugs while acting in their professional capacities and lays down the conditions under which these activities may be carried out. In the 2001 regulations, drugs are divided into five Schedules, each specifying the requirements governing such activities as import, export, production, supply, possession, prescribing, and record keeping which apply to them.

* **Schedule 1** includes drugs not used medicinally such as hallucinogenic drugs (e.g. LSD), ecstasy-type substances, raw opium, and cannabis. A Home Office licence is generally required for their production, possession, or supply. A Controlled Drug register must be used to record details of any Schedule 1 Controlled Drugs received or supplied by a pharmacy.
* **Schedule 2** includes opiates (e.g. diamorphine hydrochloride (heroin), morphine, methadone hudrochloride, oxycodone hydrochloride, pethidine hydrochloride), major stimulants (e.g. amfetamines), quinalbarbitone (secobarbital), cocaine, ketamine, and cannabis-based products for medicinal use in humans. Schedule 2 Controlled Drugs are subject to the full Controlled Drug requirements relating to prescriptions, safe custody (except for quinalbarbitone (secobarbital) and some liquid preparations), and the need to keep a Controlled Drug register, (unless exempted in Schedule 5). Possession, supply and procurement is authorised for pharmacists and other classes of persons named in the 2001 Regulations.
* **Schedule 3** includes the barbiturates (except secobarbital, now Schedule 2), buprenorphine, gabapentin, mazindol, meprobamate, midazolam, pentazocine, phentermine, pregabalin, temazepam, and tramadol hyrdochloride. They are subject to the special prescription requirements. Safe custody requirements do apply, except for any 5,5 disubstituted barbituric acid (e.g. phenobarbital), gabapentin, mazindol, meprobamate, midazolam, pentazocine, phentermine, pregabalin, tramadol hydrochloride, or any stereoisomeric form or salts of the above. Records in registers do not need to be kept (although there are requirements for the retention of invoices for 2 years).
* **Schedule 4** includes in Part I drugs that are subject to minimal control, such as benzodiazepines (except temazepam and midazolam, which are in Schedule 3), non-benzodiazepine hypnotics (zaleplon, zolpidem tartrate, and zopiclone) and *Sativex*®. Part II includes androgenic and anabolic steroids, clenbuterol, chorionic gonadotrophin (HCG), non-human chorionic gonadotrophin, somatotropin, somatrem, and somatropin. Controlled drug prescription requirements do not apply and Schedule 4 Controlled Drugs are not subject to safe custody requirements. Records in registers do not need to be kept (except in the case of *Sativex*®).
* **Schedule 5** includes preparations of certain Controlled Drugs (such as codeine, pholcodine  or morphine) which due to their low strength, are exempt from virtually all Controlled Drug requirements other than retention of invoices for two years.

# Appendix 3 Agreement of Practice Form

**AGREEMENT OF PRACTICE FORM**

|  |  |
| --- | --- |
| **Name of Foster Carer(s):** |  |
| **Date of face to face discussion:** |  |

**By signing below, I the foster carer confirm that;**

* I/We have read the Foster Carer Medication Policy and agree to abide by it.
* I/We have knowledge and understanding of what needs to take place if children are being care for by alternative carers.
* I/We have knowledge and understanding of the process of administering and disposal of medications.
* I/We have demonstrated accurate completion of Medication Administration Records or simulated practice.
* I/We have provided evidence of my understanding of record keeping from the start to the end of placement (or simulated examples of what would be recorded if a child needed Paracetamol).
* I/We have demonstrated what needs to be done if a medication incident has occurred.
* I/We understand when a child meets the specialist healthcare criteria for Level 3 and 4 and what actions must be taken before I can support the child.
* I/We have completed first aid training. Date achieved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key Points for SSW’s;**

* Foster carer demonstrates awareness of how to administer a homely remedy e.g. Paracetamol.
* Foster carer understands what to do if a child wishes to self-administer their medication.
* Foster carer can explain what to do in a medical emergency.
* Foster carer understands the difference between an allergy and a sensitivity or intolerance.
* Foster carer can explain what to do in the event of the death of a child.
* This document must be reviewed annually in order for carers to be covered for insurance purposes (please record completion and review of the foster carer training form)

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| **Signature of Foster Carer:** |  | **Date Signed:** |  |
| **Signature of Foster Carer:** |  | **Date Signed:** |  |
| **Signature of SSW:** |  | **Date Signed:** |  |

# Appendix 4 Annual Review of Agreement of Practice Form

**ANNUAL REVIEW OF** **AGREEMENT OF PRACTICE FORM**

|  |  |
| --- | --- |
| **Name of Foster Carer(s):** |  |

This agreement should be completed by both the primary and secondary carer. Once completed, both carers need to have a face-to-face discussion with their SSW to go through their answers.

|  |
| --- |
| **List 4 things you would check before administering a medication to a child in your care.** |
|  |
| **List what actions you would take following a GP appointment where antibiotics were prescribed for the child’s use.** |
|  |
| **What would you do if a child in your care was in need of pain relief for a headache and you were unsure of the dose of Paracetamol to give?** |
|  |
| **What would you do if you were unsure if you needed any further training to support a child in your care?** |
|  |
| **Think of a time when an alternative carer has provided care to a child in your care. What steps did you take to ensure the child’s health care needs are met?** |
|  |
| **Further question for the Annual Review of Agreement of Practice Form** |
|  |
| **Further question for the Annual Review of Agreement of Practice Form** |
|  |
| **Further question for the Annual Review of Agreement of Practice Form** |
|  |

***Please ensure that this form is signed and dated by both the SSW and carer***

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Foster Carer:** |  | **Date Signed:** |  |
| **Signature of Foster Carer:** |  | **Date Signed:** |  |
| **Signature of SSW:** |  | **Date Signed:** |  |