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| Children’s Services and Business Line Policy  |
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Health Policy - Invasive Clinical Procedures; Medication; Intimate and Personal Care and Therapeutic Massage

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Policy Owner: Pat Greene, Head of Business Support

Distribution: For internal communication, may be used externally if required, for example for tender submissions Non-confidential

Access: If the Navigation pane does not show automatically to the left, right click View and then click Navigation Pane

#### **Purpose**

This [Health Policy](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=241335735&objAction=viewheader) covers the requirements and procedures that must be followed by services involved in the delivery of **Invasive Clinical Procedures; Medication; Intimate** **& Personal Care and Therapeutic Massage**. It consists of the Health Policy and the Procedures which apply overall and four separate procedures for **Invasive Clinical Procedures; Medication; Intimate & Personal Care and Therapeutic Massage.**

The Policy applies to all services required by regulation to have health policies; to unregulated services which deliver health interventions as part of their normal service delivery and to services which are required exceptionally to deliver a health intervention to a service user.

The policy established that specific training is required to give the health interventions covered in this policy.

Following this policy and all procedures should mean that Barnardo’s is indemnified, as they have been agreed with Barnardo’s Insurers.

The operational procedures for services to deliver **Invasive Clinical Procedures; Medication; Intimate and Personal care and Therapeutic Massage** are located in the Procedure sections of this policy.

#### Scope

This policy and procedures apply to Services and Barnardo’s personnel (members of staff, agency workers, approved carers and volunteers), delivering invasive clinical procedures, medication, personal and intimate care and therapeutic massage. It also applies to registered health professionals working for Barnardo’s in services, not registered to deliver their health speciality and unlikely to be registered with CQC. E.g. a registered nurse who may also be a foster carer

It does not give scope to personnel to make independent decisions about a child’s health care unless this has been specifically delegated to them see [**3 Individual Health and Care Plans and Delegation of authority by a responsible LA or Trust (NI) & Delegation of authority (England)**](#_3_Individual_Health).

It concerns children and young people, up to age 25 (up to 25 is age RCN considers covered by term young people) and 26 if covered by Section 66 Children and Young People (Scotland) Act 2014, some of whom will have on-going complex health needs and who may always require additional support and/or care to enable them to live with their family or carers and participate in community life. It also concerns children and young people who may require support intermittently or for a limited time. By workers following the policy and procedures children and young people, their parents and those with parental responsibility, should be enabled to have confidence in the workers giving planned health interventions.

It recognises that health interventions can be delivered in a range of settings including in the community and the person’s own home as well as on Barnardo’s premises. The policy and procedures apply to all Children’s and Business Line Services.

It covers procedures that may be delegated by the responsible registered health professional. It covers what to do in an unforeseen emergency in the absence of the person/agency with parental responsibility.

It covers the legal and safe delivery of health interventions by Barnardo’s personnel to children and young people when Barnardo’s has responsibility either because they are accommodated by Barnardo’s or are in Barnardo’s charge because they are using a service unaccompanied by a person with parental responsibility or their delegate (where their delegate’s name has been given in writing by the person with parental responsibility) or person with responsible local authority’s Delegated authority.

It says what training Barnardo’s workers must have in health interventions so they may have the competence and confidence to safely deliver those permitted interventions and avoid allegations of negligence or abuse.

It says what to do (decision making process) if there is a request to give an intervention not included in the Invasive Clinical Procedure permitted task list or otherwise covered in this document.

It outlines Barnardo’s Insurers’ requirements for what needs to be in place for Barnardo’s to be indemnified and what personnel may need to have in place.

It takes account of the fact that the training, for delegated tasks, of parents and non-parent carers i.e. unregistered health and non-health qualified staff (Barnardo’s personnel) is the role of registered health professionals. Health professionals training unregistered health and non-health qualified staff on delegated clinical procedures should be indemnified accordingly by their NHS body.

[**Health Policy further information**](#_Health_Policy_further) covers specific topics

#### Roles and Responsibilities

Establishes specific areas of accountability for those stated in the policy and procedure’s scope

##### **Barnardo’s Insurance Manager** – person who must be consulted if a service wishes to give any health intervention not permitted and included in the Health Policy

##### **Corporate Safety Adviser** – person who may be able to give initial advice on the Health Policy and who will refer to Business Support Officer

##### **Business Support Unit** – provides advice on this policy and is point of liaison with RCN adviser

##### **Director** Responsible forsigningoff service health protocol where this has been completed by the responsible Assistant Director or equivalent

##### **Responsible AD or equivalent -** Responsible for signing off service health protocol (template), risk assessments and agreeing, after consultation, that a procedure not covered in this policy can be given by a member of Barnardo’s staff or other personnel

##### **Responsible Manager** – person responsible for completing service health protocol (template), for ensuring appropriate training and supervision of Barnardo’s personnel giving a health procedure and for ensuring the service is responsive to service user health matters

##### **Barnardo’s personnel** [unregistered health and non-health qualified carers]Responsible for administering permitted health procedures after training, for reporting requests for interventions, for reporting incidents associated with administration and for recording procedures including administration of medication

##### **Prescriber** Qualified medical practitioner or qualified dentist or a qualified nurse (medication – only nurses who have completed the required training as a non-medical prescriber can prescribe).

#### Definitions

Establishes the meaning of specific words, phrases or terms used in the policy and procedure

##### **Barnardo’s personnel** –Employees, volunteers, self-employed carers, approved carers, agency workers, students, apprentices and those on work experience involved in the planning, training for and delivery of health procedures

##### **Children and young people** – RCN definition up to age 18 and up to age 25 for those with long term conditions needing clinical care and to age 26 (Children and Young People (Scotland) Act 2014.

**Community and family based short break services -** services developed so children and young people could have short breaks away from their families to give the children and young people experiences which enhance their lives as well as meeting their care needs. In order to have successful community-based short break care and not be dependent on Health Service provision for their families to receive “respite from their care” some children with long term and complex health needs will need some clinical care during the break for which the Health Service has responsibility. If there are not mutual agreements about who can safely administer medication or clinical procedures, then some children and young people, especially those with a disability may be excluded from the community and family support services to which they are entitled.

##### **LAC** (Looked after Child) - A care order is in place in respect of the child or young person and the LA or Trust holds parental responsibility or shares parental responsibility.

##### **Non Permitted Task** – a clinical procedure from the list in Appendix 1 [Meeting Health Needs in Educations and other Community Settings | Royal College of Nursing 2017](https://www.rcn.org.uk/professional-development/publications/pdf-006634) which must not be undertaken by unregistered health and non-health qualified carers.

##### **Royal College of Nursing (RCN) Advisor Children & Young People's Nursing** - Registered Nurse from RCN providing professional advice to on all aspects of delivering Clinical Procedures to Children and Young People

##### **Permitted Task** –a clinical procedure from list at Appendix 1 [Meeting Health Needs in Educations and other Community Settings | Royal College of Nursing 2017](https://www.rcn.org.uk/professional-development/publications/pdf-006634) which can be delegated according to and following the document linked above by the responsible health professional to unregistered health and non-health support workers following a child-specific assessment of risk and a robust governance framework as advised in Meeting Health Needs etc. 2017 and in accordance with national guidance.

##### **Invasive Clinical Procedure** – clinical procedures are defined as actions necessary to promote or maintain health, some of which are invasive and normally carried out by a registered health professional including the administration of rectal medication[[1]](#footnote-1). Such procedures might be undertaken as part of a child's routine care or in an emergency situation. There are two main sets of circumstances in which administration may be necessary:

* 1. Long term illnesses or chronic conditions where medication and/or procedures are administered on a routine and regular basis e.g. for feeding.
	2. Emergency situations which are expected from time to time because of a long term condition, for example certain forms of epilepsy or certain allergies or drug overdose (substance misuse).
	3. Additionally staff may be involved in collection of urine samples for professional testing if the child/young person is not able to.

##### **Intimate care** – from the list in **Personal Care** - toileting including in relation to the process of menstruation, washing or bathing, dressing, oral care or the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist) applies to infants and children too young to carry out these tasks for themselves and applies to children and young people who do not have mental or physical capacity to carry out these tasks for themselves. It includes nappy changing and cleansing both for infants [**Early Years Further Information - Nappy Changing**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=242065711&objAction=viewheader) and for older children and young people.

##### **Therapeutic massage** - is understood to be any systematic and purposeful manipulation of parts of the body with an intended beneficial effect. It includes aromatherapy and reflexology. It is an intervention in work with young people with learning disabilities, multi-sensory impaired children and children and young people presenting challenging behaviour. Therapeutic massage can increase mobility, improve health and increase person’s awareness of himself, others and the environment.

##### **Medication** – medicines including controlled drugs prescribed by a registered medical practitioner; over the counter medication not on prescription with medical practitioner sanction that there are no contra indications with prescribed medication or with diagnosed medical condition

##### [**Education, Health and Care Plan (EHC Plan)** - Children and Families Act 2014](http://www.legislation.gov.uk/ukpga/2014/6/part/3/crossheading/education-health-and-care-plans/enacted)Children and young people in England with special educational needs or disabilities

“The provisions place a new requirement on health commissioners to deliver the health care services specified in plans”. See Section 42 of the Act. Children over 2 who have been identified by the authority as someone who has or may have special educational needs, or brought to the authority’s attention by any person as someone who has or may have special educational needs (Children and young people for whom a local authority is responsible) should have a EHC Plan. The plan can extend until the young person’s 25th birthday. It brings together the planning in the 3 areas.

##### **Personal care** – Physical assistance given to [very young and disabled children and young people]the person in connection with eating or drinking (including the administration of parenteral feeding**[[2]](#footnote-2)** [nutrition] which is also an Invasive Clinical Procedure, toileting [including changing nappies] and in relation to the process of menstruation [including changing sanitary pads], washing or bathing, dressing, oral care or the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist). [Some may also require help with changing colostomy or ileostomy bags, managing catheters or other appliances]. The prompting together with the supervision, of a person in relation to the performance of any of the activities listed where that person in unable to make a decision for themselves in relation to performing such an activity without prompting and supervision [in some instances a small child would not have the understanding or physical ability to perform personal care for themselves] N.B. The Health and Social Care Act 2008 mentions adults only but does cover services for children.

##### **Royal College of Nursing (RCN) Advisor Children & Young People's Nursing** - Registered Nurse from RCN providing professional advice to on all aspects of delivering Invasive Clinical Procedures to Children and Young People

##### **Care Plan** **Looked after Child -** is drawn up to make sure all the current and future needs of the child or young person are met (National Care Standards Scotland Care Homes for Children and Young People) by all the people involved in the support and care of the child. It incorporates the **Individual Health Plan** (England).It should appropriately involve the child or young personwithin the context of this policy.

##### **Individual Health Plan -** isbased on the written report of the registered medical practitioner carrying out the initial assessment and the reviews of this.

If a child is Looked After the Individual Health plan forms part of child’s care planning. (E.g. Regulation 7, The Care Planning, Placement and Case Review (England) Regulations 2010) If there is no statutory health care plan then the service must ensure there is one in place if a health procedure is to be administered.

##### **Unregistered health and non-health qualified staff** - in Barnardo’s context – Barnardo’s personnel meaning members of staff, agency workers, carers, including approved family placement carers, and volunteers who have been delegated and trained to undertake agreed clinical procedures by a registered health professional.

##### **Delegation of authority (England)**

**Key points**

* Authority for day-to-day decision making about a Looked After Child should be delegated to the child’s carer(s), unless there is a valid reason not to do so.
* A looked after child’s placement plan should record who has the authority to take particular decisions about the child. It should also record the reasons where any day-to-day decision is not delegated to the child’s carer.
* Decisions about delegation of authority should take account of the looked after child’s views. Consideration should be given as to whether a looked after child is of sufficient age and understanding to take some decisions themselves.
* Each (English) local authority should have a published policy setting out their approach to the delegation of authority to foster carers and residential workers caring for children the local authority is responsible for.

**The Mental Capacity Act (MCA)** is legislation designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. Barnardo’s Policy [**Mental Capacity Act and DoLS Policy**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=251075284&objAction=viewheader)

##### **Duty of care -** This is subject to the common law principle of the need to preserve life, health and well-being. If “carers” have undertaken the responsibility to provide care and protection they cannot simply stand by and do nothing in the knowledge that life threatening consequences may follow. The actual obligation will depend on the situation: it may be to call for medical assistance or it may be to apply medical treatment where more appropriate personnel or advice is not present or is unlikely to be present in time to save the person from harm. A duty of care is imposed on anyone who does take on the care of a 'helpless or infirm' person. If the duty of care is breached by a failure to take proper care there can be civil liability in negligence.

##### **Rights of Children and Young People -** The [Children Act 1989](http://www.legislation.gov.uk/ukpga/1989/41/contents), [Children and Young People (Scotland) Act 2014](http://www.legislation.gov.uk/asp/2014/8/section/1/enacted), [The Children (Northern Ireland) Order 1995](http://www.legislation.gov.uk/nisi/1995/755/contents/made) place responsibility on a Local Authority or Trust to provide a range of services and support for disabled children and their families, designed to minimise the effects of disability; to give them the opportunity to lead lives which are `as normal as possible' and which are relevant to managing children’s complex health needs in registered and non-registered settings. Schools and Early Years settings are required to take reasonable steps to meet the needs of disabled children.

### [Health](#_Procedure:_Invasive_Clinical) Policy

#### General

##### **Agreements with other agencies**

Services with the delivery of health procedures in their Agreement (contract, service level agreement or other arrangement) must have delivery protocols covering these in place with relevant and responsible Health Agencies, Local Authorities and Trusts (NI).

##### **Service Health Plan Protocol**

All Services required by regulation or delivering a health procedure must have in place a service health protocol based on [**Template for Service Health Plan Protocol**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=250871601&objAction=viewheader) suitable for the service provision. It must be to the requirements of the statutory regulations and standards applying to the service and to the requirements of this Policy. Other health matters should be included if either the service is involved in delivering them or they are a known issue for their service users. The service health protocol must cover managing delegation of decision making/authority if this is given by a LA/Trust by the LA/Trust’s own policy.

##### **Plans - Children and Young People**

There must be appropriate **Education, Health and Care Plans** *or* **Care Plans and Individual Health Plans (LAC)** in place for individual children and young people subject to this policy. If the child or young person is looked after the Care Plan must clearly say what decisions the Local Authority or Trust has delegated to Barnardo’s / Barnardo’s carers. Service agreements etc. with English Local Authorities must clearly specify what they are where the LA policy on *Delegation of authority* gives areas of decision making to Barnardo’s carers.

##### **Risk Assessment**

Health interventions for an individual child/young person must be risk assessed and be reviewed at least annually and sooner if health/treatment changes require. A Service risk assessment should include health matters if administration is part of the service level agreement or contract.

##### **Suitable personnel**

Services must have suitably recruited and trained personnel to deliver the health interventions identified in the Service Health Protocol and any other plan covering the service. In addition, if services are spot purchased or if a current service user is identified as requiring a health intervention a protocol must be in place.

##### **Consent**

There must be informed consent in writing from those with authority to give consent (parental responsibility or named person) or the young person themselves if they are of age and have capacity to consent to the intervention, for Barnardo’s to administer an agreed health procedure/intervention preferably using the standard form**.** [**Health Forms - Guidance to using forms for medication, invasive clinical procedures, intimate care, personal care, therapeutic massage**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205074&objAction=viewheader)**;** [**Health Forms**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148202430&objAction=browse&viewType=1)**;** [DP Policy 1 Consent](http://livelink.barnardos.org.uk/otcs/llisapi.dll?func=ll&objId=258061986&objAction=viewheader)

##### **Communication with children and young people**

Children and young people must be communicated with in a way which enables them to understand the health procedure that it is planned they will receive and should give consent according to their age and understanding and capacity and join in planning the care as far as they are able to.

##### **Right to dignity and respect**

Children and young people receiving a health intervention/procedure must be treated at all times with respect and their privacy and dignity preserved. Any health intervention/procedure must be given in a way that enables children and young people to participate in how this part of their care will be given and so they and their families and carers can join as appropriate.

##### **Training**

The recruitment of personnel who will be administering a health intervention/procedure must include training requirements in the recruitment material and Barnardo’s personnel must be trained appropriately.

##### **Recording**

Health interventions must be planned for individual children and young people and recorded, including the administration of all **Invasive Clinical Procedures; Medication; Intimate and Personal Care and Therapeutic Massage** using relevant forms from [**Health Forms - Guidance to using forms for medication, invasive clinical procedures, intimate care, personal care, therapeutic massage**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205074&objAction=viewheader)**;** [**Health Forms**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148202430&objAction=browse&viewType=1)

##### **Interventions not covered in Health Policy**

The Responsible AD or equivalent must approve in writing the delivery of a service to an individual child or young person related to **Medication; Invasive Clinical Procedure; Intimate and Personal Care and Therapeutic Massage** not already included in the policy and so agreed by insurers. They can only agree after advice has been taken from Business Support Unit and Barnardo’s Insurance Manager. Personnel must be made aware of the limits to Barnardo’s insurance cover and the limits to their decision making on health matters.

##### **Family Placement Regulation and Delegated consent**

Family Placement Services must identify the requirements of their National Regulatory bodies, individual service level agreements and contracts for what the approved carer or service can agree to in the care of a child or young person, without reference to the responsible placing Authority or Trust (NI). In England FP services must comply with the Delegation of Authority and other agreements made with their commissioner.

##### **Emergencies**

Those with parental responsibility must understand and agree in writing using where possible [**Health Form 13 Example of Emergency PLAN and CONTACT information**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148204912&objAction=viewheader)that in an emergency if they cannot be contacted and where decision making has not been delegated ([**13 Family Placement Carers and delegated responsibilities**](#_13_Family_Placement)) Barnardo’s will act in the best interest of the child or young person in seeking medical help and that doing nothing is not an option. (Workers and carers are covered by Barnardo’s insurance for emergencies but need to be able to demonstrate that they have acted reasonably).

#### Medication - these policy statements may apply to other sections of the Health Policy

##### **Notifications** Mistakes, adverse reactions and maladministration including overdoses and self-administered overdoses must be notified according to regulation and [Children's Services and Business Lines Notifiable Events Map](http://livelink.barnardos.org.uk/otcs/llisapi.dll?func=ll&objId=259499783&objAction=viewheader) and [Alerts and recalls for drugs and medical devices - GOV.UK](https://www.gov.uk/drug-device-alerts). [**01 Adverse Drug Reaction Management and Reporting Further Information**](#_01_Adverse_Drug)

##### **Covert Administration**

Medication or other health intervention must not be administered covertly to anyone with capacity to consent to their health treatment. No member of Barnardo’s staff is empowered to make a decision to administer medication covertly and must not.

##### **Social control**

Medication or other health intervention/procedure must never be given for social control or punishment.

#### Intimate and Personal Care – these policy statements may apply to other sections of the Health policy

##### **Protection**

Disabled children and young people must be safeguarded and protected from abuse and given their potential greater vulnerability when in receipt of intimate and personal care, this protection must be integral with care given.

##### **Choice and control**

The child/young person must be allowed to exercise choice and control; be encouraged to have a positive image of her/his own body to develop their personal safety skills and to enhance their self-esteem, and be encouraged to assist in carrying out aspects of intimate care as far as possible.

##### **Trust and responsibility**

Service staff, carers and volunteers must understand the position of great trust and responsibility they are in in providing intimate and personal care or facilities where visitors undertake this, with children and young people they have responsibility for.

##### **Community Life**

Service staff, carers and volunteers must be enabled to carry out intimate and personal care in a variety of settings in order that disabled children and young people are able to participate in all aspects of community life.

### [Health Procedures](#_Health_Procedures)

##### **1 Health requirements in Contracts, Service Level Agreements or other arrangement including for spot purchasing (the agreement) and one off requests**

**1.1 Action: Responsible Manager with support of the Responsible ADCS or equivalent**

1. Check whether children and young people will require a health intervention covered by the Health Policy and that this is part of the service specification and is written clearly into any agreement.
2. Headings from [**Health Form 01 (G) Check list for responsible manager to use when negotiating joint arrangements with responsible health agency**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=148204189&objAction=viewheader) may be used for agreements with the responsible health agency and in any agreement with the responsible Local Authority or Trust (NI) if they are responsible for ensuring training is available to Barnardo’s personnel. Include this also in spot purchasing agreements.
3. Agree training protocols and ensure that these are contained in the contract or other written agreement.
4. In **England** ensure the relevant Clinical Commissioning Group (CCG) is aware of and makes provision for the training requirements, in respect of the child or young person they are responsible for, for Barnardo’s workers and carers delivering a health intervention. Making the CCG aware may happen via the named health professional and in this case the responsible manager checks it has happened.
5. Where delivery of a health intervention covered by this policy is not included in the contract or agreement but is requested for an individual child or young person (one off request), negotiate a written agreement.

##### **2 Service Health Protocol**

**2.1 Action: Responsible Manager**

1. Using [**Template for Service Health Plan Protocol**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=250871601&objAction=viewheader) establish what **Invasive clinical procedures, Medication and Personal/Intimate care and Therapeutic Massage** might be delivered by the service and to what extent and how they will be delivered.
2. If a regulated service, ensure **Medication** section of the service protocol is a clearly recognisable as such.
3. Share with stakeholders including personnel, carers and service users.[[3]](#footnote-3)
4. Review annually and more frequently if necessary.
5. Ensure that updates, via alerts from this website [Medicines and Healthcare products Regulatory Agency - GOV.UK](https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency) [Alerts and recalls for drugs and medical devices - GOV.UK](https://www.gov.uk/drug-device-alerts) are incorporated.
6. The Service Protocol must include a statement of the service’s objectives, its methods of work and the outcomes which promote safe delivery of health interventions and personal & intimate care and therapeutic massage**.**
7. Ensure protocolincludes management of medication and treatment of the service or domestic premises[**12 Trips and outings Further Information**](#_12_Trips_and)
8. Other issues to be covered if not covered in the above statement are listed in Section 5 of the above linked Template etc.

**2.2 Action: Responsible Line Manager (ADCS or equivalent) or Responsible Director if the Responsible ADCS completed the template**

1. Agree and sign off completed template.
2. Monitor review of template.

##### **3 Individual Health and Care Plans and Delegation of authority by a responsible LA or Trust (NI) & Delegation of authority (England)**

[**02 Allergies Further Information**](#_02_Allergies_Further)

[**04 Health Care plans for service users Further Information**](#_04_Health_Care)

**Key points**

* Authority for day-to-day decision making about a looked after child should be delegated to the child’s carer(s), unless there is a valid reason not to do so.
* A looked after child’s placement plan should record who has the authority to take particular decisions about the child. It should also record the reasons where any day-to-day decision is not delegated to the child’s carer.
* Decisions about delegation of authority should take account of the looked after child’s views. Consideration should be given as to whether a looked after child is of sufficient age and understanding to take some decisions themselves.
* Each (**English**) local authority should have a published policy setting out their approach to the delegation of authority to foster carers and residential workers caring for children the local authority is responsible for.

**3.1 Action: Responsible Manager with support of the Responsible ADCS or equivalent**

1. If possible be involved when the LA/Trust (NI) draws up its policy or equivalent on delegation of authority/decision making and ensure the service has a copy of this. (There may be more than one LA/Trust working with the service).
2. **For services in** **England** 1) find out if the Local authority is delegating any decision making to approved carers on health matters via their Delegation of authority policy, 2) assess whether what is delegated is covered by this [Delegation of authority policy], is safe and is insured, 3) ensure the Service protocol on Managing Delegation of authority is robust and responsive and 4) supply if required to the relevant stakeholders the service protocol on Managing Delegation of authority.
3. **For services in** **Celtic Nations** ensure it is clear in service agreements what decision making powers have been delegated to Barnardo’s or to individual approved carers.
4. Ensure service and approved carers have copies of what has been delegated by Local Authorities or Trusts (NI).

**3.2 Action: Responsible worker**

**Regions and Nations**

1. Either, in liaison with responsible health professional/s and those with parental responsibility, complete health care plan using [**Health Form 03 (G) Health Care Plan for a Child who requires Medication, Invasive Clinical Care, Intimate Care and/or Therapeutic Massage**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=148205193&objAction=viewheader) for a Child who requires **Medication, Invasive Clinical Care, Intimate Care and/or Therapeutic Massage.**

2. State who must contribute and the timetable for review of the plan.

3. If a Heath Care plan has been undertaken by another agency ensure service has a copy and has contributed appropriately.

**England**

4. Check status of child and if Looked After ensure service contributes to and/or has a copy of the Individual Care Plan/Placement Plan and ensure this includes reference to child’s Individual Health Plan and to Barnardo’s role and save on the service user record.

5. Ensure the Individual Care Plan for a Looked after Child covers any matters Delegated by the Local Authority to a carer for decision making and that the service protocol on Managing delegation of authority is followed.

6. For other children over 2 and young people for whom a local authority is responsible an Education, Health and Care (EHC) plan should be in place. Obtain a copy of the individual EHC plan if the service user has complex health needs, if the service is administering complex or long term medication or an invasive clinical procedure and they are not Looked After. Contribute to the plan as appropriate. Place a copy on the service user record.

**Celtic Nations**

7. Check status of child and if Looked After ensure service contributes to and/or has a copy of the Individual Care Plan/Care Plan/Placement Plan and ensure this includes reference to child’s health / individual health plan and to Barnardo’s role.

8. If the LA/Trust (NI) has delegated any areas of decision making to the carer or to the Barnardo’s service ensure the Care Plan for a Looked after Child includes this clearly and that the service protocol on Managing delegation of authority is followed.

9. Obtain a copy of the individual Health Care Plan for each child or young person, if they are Looked After and contribute to this as appropriate and place a copy on the service user record.

10. Have in place an individual Health Care Plan for each child or young person if they have complex health needs, if the service is administering complex or long term medication or an invasive clinical procedure if they are not Looked After and contribute to this as appropriate and place a copy on the service user record.

##### **4 Individual Risk Assessment (RA)**

[**02 Allergies Further Information**](#_02_Allergies_Further)

**4.1 Action: Responsible Worker**

1. Complete RA accessing for each child or young person requiring **Invasive Clinical Procedure, Medication, Intimate or Personal Care or Therapeutic Massage,** the health care plan and health assessment, care plan and any other relevant plans and assessments and place on the service user record and set minimal review period.
2. Discuss the RA with those with parental responsibility and the child/young person if of suitable age and understanding and with other stakeholders.
3. Seek advice from Safety Advisor and Business Support Officer if necessary.
4. Review RA at intervals stated in the RA and sooner if circumstances warrant.

**4.2 Action: Responsible Manager**

1. View and agree Risk Assessment.
2. If there is a regulatory requirement to keep copies of RAs together outside the SU record, record the reason, obtain responsible line manager consent and remove identifiable data (use case ID number if RAs need attribution).
3. Keep in a locked filing cabinet or in a secure area in the service file room and allow access only to those with a legitimate reason.
4. Securely shred or delete copies which have been kept outside the service user record when superseded or when an individual’s service ends.

**4.3 Action: Responsible Line Manager (ADCS or equivalent)**

1. Agree in writing if there is a reason to keep anonymised copies of RAs together outside SU records.
2. Agree and sign off RAs.

##### **5 Training**

**5.1 Action: Responsible ADCS or equivalent**

1. Identify training requirements using information from [**Service Health Plan Protocol**](#_Service_Health_Plan)and [**2 Service Health Protocol**](#_2_Service_Health) and any other training plan covering the service.
2. Identify any training needs, stemming from decision-making, delegated to approved-carers, by a local authority or trust.
3. Inform relevant nursing service/s annually of actual and likely invasive clinical procedure training needs.
4. Check that the service agreement/s includes that training costs for the health intervention will be met by the commissioner and/or the responsible health agency will provide the training without charge or that the agreement provides a realistic budget for training to be bought by the service.
5. Ensure the responsible health agency as well as providing training provides a protocol for the health intervention for Barnardo’s personnel to follow.
6. Assess if an invasive clinical procedure is going to be delegated an unregistered health and non-health qualified staff by the responsible health professional.
7. Assess the likelihood of invasive clinical procedure training being required if there is no routine requirement for this identified.
8. If an invasive clinical procedure identified follow [**Procedure: Invasive Clinical Procedures**](#_Procedures)**.**
9. Ensure Barnardo’s insurer’s requirements are met [**14 Barnardo’s insurance requirements for invasive clinical procedure care for named children**](#_14_Barnardo’s_insurance)
10. Review with line-managed members of staff that required training has taken place for Barnardo’s personnel.
11. Ensure members of Barnardo’s personnel who agree to administer a clinical procedure are trained on a named child basis by a registered health professional, usually the responsible registered nurse using a suitable training format and protocol.

**5.2 Action: Responsible Manager with Responsible ADCS or equivalent support**

1. Review the individual health care plans and service and individual risk assessments and the needs of service user to assess the type and level of training that is required for Barnardo’s personnel to achieve the required levels of competence.
2. Find out if the LA/Trust is delegating any decision making to carers on health matters; assess whether what is delegated is safe and ensure service protocol on Managing Delegation of authority is robust and responsive. Identify any training needs stemming from this.
3. Identify what training is the responsibility of a health agency to deliver and sign off trainee as proficient/competent to deliver the intervention.
4. Identify if the Responsible LA/Trust is responsible for any training stemming from Delegation of authority.
	1. **Action: Responsible Manager**
5. Using information from [**Template for Service Health Plan Protocol**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=250871601&objAction=viewheader) and other sources relevant to the service write the service training plan.
6. Ensure requirements for training and administration of medication are part of relevant personnel job and person profiles.
7. Ensure that appropriate personnel are suitably trained to administer the allowed health procedures in the service user’s health plan or in the service health protocol
8. Ensure required training takes place.
9. Ensure if a School Principal there are sufficient trained support staff to administer medication.
10. Ensure that a schedule is in place for required training to be reviewed and refreshed and that this is carried out.
11. Ensure that record of the training is kept on the personnel file and on other required returns.
12. Make the training record available to internal and external inspectors.
13. Follow [b-hive - First aid](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=2911) and ensure all personnel and carers who require to be trained, are trained in First Aid and Paediatric First Aid as identified on the Service Health Plan Protocol. Seek Safety Adviser advice if necessary.
14. If a clinical procedure, provide the responsible nursing service/s or other responsible health body with a training schedule for the service detailing all training and support requirements on an annual basis.
15. Provide suitable access and availability to their workers in order that health professional or other accredited source can provide appropriate training including assessment and monitoring of competence and a delivery protocol.
16. Ensure care is given only after training and that trainer has contributed to robust governance arrangements which must be in place to ensure the safety of the child or young person and Barnardo’s personnel support worker.
17. Review training programme to be given by health professional or other accredited source checking it is designed to enable care for a child who is medically stable; to recognise signs of when the child is becoming unwell and to know how to seek appropriate help.
18. Designate at least one member of service staff to look after medicines and ensure they are trained appropriately and assessed as competent.
19. Ensure that trained service and unregistered health and non-health qualified staff (Barnardo’s personnel) have a copy signed by the trainer and person being trained of each procedure trained for saying they are assessed as competent.
20. Ensure appropriate forms from [**05 Health Forms**](#_05_Health_Forms) are used and[**Health Forms - Guidance to using forms for medication, invasive clinical procedures, intimate care, personal care, and therapeutic massage**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205074&objAction=viewheader)is followed.
21. Ensure Barnardo’s personnel are provided with easily understandable written carer pack which includes:
22. a copy of the child's Health Care Plan;
23. information on the medical condition;
24. the agreed procedure for the administration of the invasive clinical care;
25. agreed emergency plan;
26. record of administration of medication
27. Check that content is understood and sign this off (translate documents if necessary).
28. Ensure home based and community based carers have the means of keeping this pack safe and confidential as they move between settings and understand they must do this.

**5.4 Action: Responsible worker**

1. Undertake training as agreed.
2. Inform line manager if they think training should be reviewed or renewed before the planned review period.
3. Use the training protocol supplied by the trainer.
4. Check with their manager that their training record is being kept up to date.

##### **6 Working with parents, parental responsibility and obtaining consent including delegation of decision making in respect of Looked after Children**

* 1. **Action: Responsible Manager**
1. Ensure those with parental responsibility or named person know they have the responsibility to ensure the Barnardo’s service has information about their child/young person’s health care needs and make this available before the service is used or when a child or young person develops a condition or if there is a change in a known condition.
2. Ensureany concern about a carer or parent’s management of their child’s medication is noted and discussed with them and advice given on getting help.
3. Ensure if concerns persist and the child/young person is or could be seriously affected safeguarding procedures should be followed. [**CS&BL Safeguarding & Protecting Children Policy and Procedure**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=241296629&objAction=viewheader)
	1. **Action: Responsible Worker**
4. Involve as partners parents, carers and those with parental responsibility (which could be responsible local authority or trust) in the planning and care of their child so to utilise their skills and knowledge of the child or young person.
5. Complete [**Health Form 02 (G) Example Health Assessment Form. To complete with parent/s or other person/s with parental responsibility**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148204385&objAction=viewheader)
6. Obtain prior written consent, for procedure to be given by Barnardo’s personnel, from parents or those with parental responsibility for children/young people under 16 not of an age or understanding to consent themselves.
7. Use [**Health Form 04 (G) Parental Consent for Service or Carer to administer Medication or carry out an Invasive Clinical Procedure or Intimate Care or Therapeutic Massage**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148203930&objAction=viewheader) unless the service uses another form which contains at least the content of Health Form 04.
8. Using the service’s **Service Health Plan Protocol** make clear the role of the service, to those with parental responsibility.
9. Obtain specific separate consent for **Invasive Clinical Procedures**, even if the service script mentions health matters and consent forms from the Data Protection policy have been signed.

##### **Consent and communication with children and young people**

* 1. **Action: Responsible Manager**
1. Ensure if a residential service informed consent extends to cover when a prescription is made/ changed whilst child or young person is in Barnardo’s charge, if there is no formal Delegated authority covering this or fresh consent obtained from the person/agency with parental responsibility.
2. Ensure if a family placement this informed consent extends to cover when a prescription is made/ changed whilst child or young person is in Barnardo’s carer’s charge, if there is no formal Delegated authority covering this or that fresh consent is obtained from the person/agency with parental responsibility.

**7.2 Action: Responsible Worker**

1. Consent may have been given by the person or agency with parental responsibility for a child/ young person under 16 but the procedure should be still be explained to the child or young person. Explanation should be tailored to the level of understanding of the child or young person and repeated as necessary so they are as comfortable and aware as possible when the procedure is being given.
2. Ensure the service has a copy of the view of the responsible medical practitioner in writing as to whether a young person, over 16 who might not always have capacity, does have capacity to consent to the health intervention given by a Barnardo’s worker.
3. Obtain consent from a young person over 16 unless they lack capacity.
4. If a young person over 16 lacks capacity, ensure the correct process in national legislation has been followed for consent to be given on their behalf for the health procedure, before Barnardo’s personnel give the procedure. [**Mental Capacity Act and DoLS Policy**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=251075284&objAction=viewheader)
5. Communicate within 24 hours, or immediately if a refusal would incur a risk to the child, young person or other, to the line management of the service and to the person/agency with parental responsibility or responsible adult, if a child or young person or young person refuses a procedure.
6. Call emergency services if a child or young person is at immediate risk without the procedure.

##### **8 Dignity and Participation**

**8.1 Action: Responsible Manager**

1. Ensure there are arrangements in place for a suitable space or room for health procedure to be given if the service is delivered in any premises which are the responsibility of Barnardo’s at the time of service delivery or in the community. [B-hive - Provision for first aid in Barnardo's guidance](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=2131) First Aid rooms gives a standard. The space should be discreet, safe and hygienic.
2. Ensure required equipment to deliver or support the delivery of the procedure is available.
3. Ensure good communication, with service users and their families/those with parental responsibility, is monitored via supervision and other service means.
4. Ensure service users, so far as their capacity allows, and their families/those with parental responsibility contribute to planning and risk assessment.

**8.2 Action: Responsible Barnardo’s worker, volunteer, carer**

1. Attend to the safety and comfort of the child or young person and ensure he/she is treated with dignity and respect.
2. Where possible enable activities, related to a health intervention, which offer opportunities for the young person’s personal development and choice.
3. Encourage children and young people to become aware of and value their own bodies and extend their personal skills and communication.
4. Follow Barnardo’s Policy and associated Guidance and Further Information
5. Follow and ask visitors to follow [b-hive - Control of body fluid borne infections](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=3853)
6. Get to know the child well beforehand in other contexts and be familiar with their moods and methods of communication.
7. Speak to the child personally by name so that he/she is aware of being the focus of the activity.
8. Have knowledge and understanding of any religious and cultural sensitivities related to aspects of health interventions especially intimate care in respect of an individual child and take these fully into account.
9. Enable the child to be prepared for and to anticipate events while demonstrating

respect for her/his body, e.g. by giving a strong sensory clue, such as using a sponge or pad, to signal intention to wash or change.

1. Ensure a child or young person’s privacy and modesty are respected and protected.
2. Agree with the child and their family appropriate terminology for private parts

of the body and functions.

1. Always speak to older children in a way that reflects their age.
2. Keep records which note a child’s responses to any health intervention and any change in behaviour.
3. Support young people responsible for their own medication or treatment. [**10 Self-administration of medication or treatment by child or young person Further Information**](#_10_Self-administration_of)

##### **9 Recruitment and delivery of a health intervention**

**9.1 Action: Responsible ADCS or equivalent**

1. Check with line-managed members of staff that they include in relevant job advertisements that delivering a health intervention including possibility of a clinical procedure is part of the job, and in person specifications the requirement for willingness to be trained as above, where giving this is required for service delivery.
	1. **Action: Responsible Manager with Responsible ADCS or equivalent**
2. Ensure job advertisements reflect the health intervention delivery required for the role to deliver the service and specify willingness to be trained do this and give specific information on requirements if the recruitment is targeted in respect of a particular child/group of children.
3. Ensure the person specifications for members of staff, carers and volunteers include that willing to be trained on health interventions is a role requirement.
4. Include in recruitment material for Barnardo’s worker, volunteer, carer the possibility of delivering a health intervention/procedure and the requirement to be willing to undertake training on this.

##### **10 Panning and Recording Health interventions - Health interventions must be planned for individual children and young people and this and the delivery recorded on** [**Health Forms**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148202430&objAction=browse&viewType=1)

 **10.1 Action: Responsible Manager with Line Management support when necessary**

1. Ensure planning for children and young people has taken place and that this includes information from [**3 Individual Health and Care Plans**](#_3_Individual_Health)**;** [**4 Individual Risk Assessment (RA)**](#_4_Individual_Risk)**;** [**5 Training**](#_5_Training)and[**6 Working with parents and obtaining consent**](#_6_Working_with).
2. Ensure that **Service Health Protocol** includes protocol for the transfer of medication/equipment and the record of medication administration between the person/agency with parental responsibility and Barnardo’s and between Barnardo’s and any third party who has charge of the child before or after Barnardo’s and that this protocol includes signed and dated medication administration records from all three parties as applicable; that the record received by Barnardo’s must be assessed and advice sought if the worker has concerns; that the record of any unplanned or emergency/rescue medication is passed on and assessed in the same way; that the person/agency with parental responsibility should have a copy of the MAR charts; the hard copy MAR chart and other records of medication must be kept confidentially if they contains non-routine information such as medication errors and adverse reaction, until the incident has been brought to a satisfactory conclusion. (The scanned copy must be retained according to [b-hive - Reporting of accidents and incidents procedure](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=2137) or for the retention period of the record, whichever is the longer); originals or copies of medication records, including MAR charts made by foster carers, should be returned to the service at agreed regular intervals, receipted, scanned legibly and placed on the SUR and that hard copies of these can be securely destroyed unless a SLA requires hard copies to be kept or they form part of an incident record.
3. Ensure records relating to administration of medication and other health treatments are readily accessible to those personnel including carers who need access ensuring they follow the service Recording Protocol with regard to confidentiality and security.
4. Ensure any service designed forms have at minimum the content of Barnardo’s Health Forms.[**05 Health Forms**](#_05_Health_Forms)
5. Ensure that responsible workers are recording health matters including for an individual child or young person, all prescribed and non-prescribed medications and treatments.
6. If the service is providing long term accommodation and is responsible for day to day care of children ensure there is a pharmacy record of medicine and equipment supplied which includes prescribed medicines and non-prescription remedies.
7. Ensure the service Recording Protocol includes the retention of records associated with health interventions and medication which are not part of the service user record; which agency has the responsibility for health interventions and medication records if a child is Looked After and if a Domiciliary care service ensure Recording Protocol says children’s data including assessment of need, review, risk assessment and medication plan, are retained for 80 years.
8. Ensure for non-prescribed medication that all records of administration are as if it for a prescribed medication if the service administers any long term medication, substance or treatment which is not prescribed by the medical practitioner or a nurse with authority to prescribe [**Prescriber**](#_Prescriber_Qualified_medical)or is not available on prescription. E.g. food supplements, vitamins, homely or household remedies.
9. Ensure for non-prescribed medication the record includes confirmation from the medical practitioner of no known adverse effects on the child or young person and no contra indications with prescribed medication.

**10.2 Action: Responsible Worker**

1. Ensure the health care plan for an individual child or young person is completed and held on the service user record.
2. Ensure each administration of a medicine/treatment is recorded. [**Health Form 08 (M/ICP) MAR chart - Medication Administration Record of each medicine given to an individual child**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148204404&objAction=viewheader)
3. If a child/young person is self-administering involve them as much as possible in completing their MAR chart and keep an on-going record of individual service user’s medication even when they are responsible for their own administration.
4. Record the receipt and return of equipment and medication with a young person, responsible for managing their own intervention medication who has asked the service to look after it for safety and convenience.
5. Ensure if a Domiciliary care service that the medication record is kept in the service users home for one month or until the service is concluded after which time ensure it is transferred, with the permission of the service user, to the service or other suitable body (e.g. local authority or health trust, or other purchaser of the service), for safe keeping.
6. If the service user or their relatives or representative on their behalf does not want to have the records kept in their home ask them to sign and date a statement confirming this and keep on the on the service user record.
7. If short break care is taking place in the child’s home make an agreement with those with parental responsibility whether they want to have a copy of the medication record which is returned regularly to or held by the Service.
8. For non-prescription medication or treatment ensure those with parental responsibility have given written authorisation, a schedule and give or oversee as far as practicable the administration of non-prescription medication.

[**05 Health Forms**](#_05_Health_Forms)and **External information** <http://www.nice.org.uk/guidance/sc1> Managing Medicines in Care Homes

##### **11 Health procedures outside this Health Policy - requests to deliver a health procedure/intervention not specifically covered in the Health Policy**

**11.1 Action: Responsible Manager**

1. Ensures service delivery is according to the **Service Invasive Clinical Procedures; Medication and Personal & Intimate Care and Therapeutic Massage Plan** signed off by responsible ADCS or equivalent.
2. Ensures that any matter which should be separately agreed by Line managers and Insurance manager has been included.
3. If notified of a request that is, or might be a **Clinical Procedure**, follow process given in [**Procedure: Invasive Clinical Procedures**](#_Procedures).
4. Discuss with the responsible ADCS or equivalent, if the request is for something not already agreed in the service plan and then, if it is still not clear whether a health procedure is within the remit of Barnardo’s, with the Business Support Officer or Head of Business Support, Children’s Services and/or Corporate Safety Adviser.
5. Ensure that **Health Policy** is followed if it is an intervention covered by the **Policy**.
6. Explain to personnel the extent of Barnardo’s insurance cover, providing the following 3 criteria are fully complied with
	* + 1. they have a job description/contract or terms of reference to deliver the tasks required by the service;
			2. Barnardo’s has direct control and supervision over the work they are being asked to do on behalf of Barnardo’s and training and
			3. competency can be demonstrated and complies with Barnardo’s and regulatory requirements.

**11.2 Action: Supervising Worker/Social Worker**

1. Supervising workers must tell employed domiciliary care workers and volunteers the extent of Barnardo’s insurance cover providing the 3 criteria at 11.1.6 above are met.

**11.3 Action: Barnardo’s personnel delivering a health intervention**

1. Must ensure they understand the extent of Barnardo’s insurance cover for them, providing they fully comply with the 3 criteria at 11.1.6.

**11.4 Action: Barnardo’s personnel asked to give a health intervention outside agreed service delivery**

1. Inform the person/agency that their manager must be informed of the request and that there has to be agreement from Barnardo’s managers and insurers before it can be given.
2. Inform their line manager/supervising social worker of the request.
3. If the request is or might be a **Clinical Procedure** follow process given in [**Procedure: Invasive Clinical Procedures.**](#_Procedures)
4. If decision is that procedure/intervention can be given ensure Health Policy and associated procedures are followed.

**11.5 Action: Responsible ADCS or equivalent**

1. If the request is or might be a **Clinical Procedure** follow process given in [**Procedure: Invasive Clinical Procedures**](#_Procedures).
2. Seek advice from Business Support Team if it is not clear if a health procedure is within the remit of Barnardo’s to deliver.
3. Give final decision to responsible manager.

**11.6 Action: Business Support Officer or Head of Business Support**

1. Obtain external and internal specialist advice if necessary.
2. Consult with Barnardo’s Insurance Manager if advice is that the procedure could be considered.
3. Consult with responsible AD or equivalent on the decision for service.

##### **12 Emergencies**

**12.1 Action: Responsible Manager**

1. Ensure service personnel know what treatment (rescue medication) they are permitted to administer and that health professionals are responsible for decisions about medical treatment when the parent or person with (delegated) parental responsibility is not available.
2. Ensure Barnardo’s personnel know that whilst in Barnardo’s charge Barnardo’s workers, agency workers, carers or volunteers are not allowed to and must not take a decision about not to intervene or not seek medical treatment even if that is the parent’s wish for their child.
3. Ensure Barnardo’s personnel know they must follow emergency procedure if rescue medication failing.
4. Ensure the service risk management and health protocol covers dealing with emergencies including responsibility for completing [**Health Form 06 (G) Emergency Planning - Calling an Ambulance**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148203335&objAction=viewheader)**,** dealing with medical emergencies on or off the premises, including calling an ambulance, informing the parent or person with parental responsibility and responsibility for passing necessary information on the child’s condition to the ambulance crew.
5. Ensure the responsible worker has completed individual [**Health Form 06 (G) Emergency Planning - Calling an Ambulance**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148203335&objAction=viewheader) and this is readily available.
6. Ensure that there are contact details of those with parental responsibility including agency or someone asked by them to act in an emergency [**Health Form 13 Example of Emergency PLAN and CONTACT information**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148204912&objAction=viewheader)
7. Ensure any Barnardo’s worker/carer/volunteer outside the service premises with charge of the child, has these contact details.
8. On being informed by a worker dealing with an emergency, contact the agency/person with parental responsibility or their named delegate and let them know where their child is being taken for emergency care.
9. Ensure individual emergency medication including preloaded injection devices and inhalers and in relevant services in **Scotland** rescue medication for drug overdose is readily available.

**12.3 Action: Responsible Barnardo’s personnel**

1. Should refer to the service risk management and health protocol on dealing with medical emergency situations. See [H&S First Aid](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=31542854&objAction=browse) which includes [Calling for an Ambulance Guidance](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=174765187&objAction=viewheader). These should cover what to do if an emergency occurs off the service premises whilst the service is responsible. [**Health Form 06) Calling an ambulance in an emergency**](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=4114)
2. If permitted administer planned treatment (rescue medication) and if this does not work follow following steps.
3. Call Emergency Services [**Health Form 06) Calling an ambulance in an emergency**](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=4114)
4. Follow advice given by call handler.
5. Stay with the child or young person.
6. Contact their line manager or senior person in the service if line manager not available to give information and so the manager can contact the person or agency with parental responsibility.
7. If safe they should also try to contact those with parental responsibility to say what is happening.
8. If the person with parental responsibility cannot accompany their child going to hospital, ensure a responsible adult accompanies and remains with the child or young person until the arrival of someone with parental responsibility or their nominee.
9. Should not use their own cars but call emergency services.
10. Only agree with advice of call handler if the situation is such that they should take the child for emergency medical care themselves if it can be done reasonably safely and inform their line manager if this is the case. (A second responsible person should accompany if there is no alternative to using a car). Workers and carers must determine the best interests of the child.
11. On obtaining medical assistance **must** **not make** independent decisions about a child’s medical care but agree to necessary medical treatment as advised by the health professional if this cannot be delayed until the person with parental responsibility can do this.
12. Record what occurred including reasons for any decisions they have made and complete forms e.g. injury/bruise charts, incident reports.

##### **13 Family Placement Carers and delegated responsibilities**

**13.1 Action: Responsible Manager with support of the Responsible ADCS or equivalent England** [**Delegation of authority (England)**](#_Delegation_of_authority)

1. Find out if the Local authority is delegating any decision making to approved carers on health matters via their Delegation of authority policy; assess whether what is delegated is safe and ensure the Service protocol on Managing Delegation of authority is robust and responsive.
2. If possible be involved when the LA draws up its policy on Delegation of authority and ensure the service has a copy of this. (There may be more than one LA working with the service).
3. Ensure there is in writing from the responsible local authority on the service user record, what if anything has been delegated to the carer and if this is without reference to Barnardo’s.
4. Ensure the service has a record of which responsible authorities have delegated parental responsibility to those giving day to day care of a child or young person
5. Supply if required to the relevant stakeholders the service protocol on Managing Delegation of authority.

**Celtic Nations**

5. If possible be involved when a **Scotland or Cymru LA or NI Trust** makes its guidance on delegation and ensure the service has a copy of this. (There may be more than one LA/Trust working with the service). If the authority or trust does not have central guidance on delegation ensure that written details and confirmation from the responsible LA/Trust of anything delegated is saved on the service user record.

**13.2 Action: Supervising Social Worker**

1. Informs approved foster including short break and pre adoptive carers about [b-hive - Insurance cover for approved carers (M.7.16)](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=2617) and give them a copy of Insurance Guidelines for Approved Carers (M.17.16A)
2. Confirm training requirements for a Family Placement (FP) carer at interview and during assessment.
3. Ensure Family Placement carers undertake training and refresher training.

**13.3 Action: Approved Family Placement Carer**

* + 1. Agrees to only undertake a heath procedure if specified training has been received as agreed between the trainer and Barnardo’s, unless LA/Trust delegated responsibility to the carer covers this and Barnardo’s has in writing on the service user record.
		2. Inform their supervising social worker/responsible worker/line manager of any changes to health care needs/medication they are made aware of, of the child or young person they are caring for (it is better to duplicate information than miss a change).
		3. Take responsibility for attending training and refresher training.
		4. Inform their supervising social worker/responsible worker/line manager if they become uncomfortable or feel they lack competence to give a procedure they have received training on.

##### **14 Barnardo’s insurance requirements for invasive clinical procedure care for named children - Barnardo’s Insurer accepts the difficulties around training and final certification; however, in approving cover, they expect Barnardo’s to act diligently such that in any event best practice can be proved.**

**14.1 Action: Responsible Managers**

* + 1. Ensure that [**5 Training**](#_5_Training)is followed
		2. Ensure that training is provided by approved training bodies.
		3. Ensure proficiency is confirmed.
		4. Maintain the records of the unregistered health and non-health qualified staff which must include evidence of such training and outcomes.
		5. Act on outcomes.
		6. Ensure the roll out of refresher training.
		7. Ensure appropriate supervision.
		8. Ensure that Barnardo’s workers, carers, volunteers being trained have been through an appropriate interview checking process [b-hive - Pre-employment checks](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=3209).
		9. Ensure that Barnardo’s workers, carers, volunteers giving an invasive clinical procedure care to a named child have received training from staff designated by the relevant health body.
		10. Ensure service follows [B-hive - Insurance cover for approved carers (M.7.16)](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=2617) and linked Insurance Guidelines for Approved Carers (M.17.16A).

**14.2 Action: Responsible Barnardo’s personnel**

1. Ensure you work within Statutory Regulation and Standards or equivalents.
2. Ensure that you comply with supervisory requirements.
3. Ensure carers are aware of and follow [B-hive - Insurance cover for approved carers (M.7.16)](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=2617) and linked Insurance Guidelines for Approved Carers (M.17.16A).

**14.3 Action: Business Support Officer or Head of Business Support or ADCS or equivalent**

1. Give full information to Barnardo’s insurance manager so they can consult with insurers.
2. Pass decision of Barnardo’s insurers to responsible ADCS or equivalent unless it has been confirmed to BSU in writing of the decision and that this as already been passed to responsible ADCS or equivalent by Insurance Section.
	1. **Action: Responsible line management of the service**
3. If decision is that it is a request that can be pursued follow [**2 Training**](#_2__) **and** [**3 Non-permitted Tasks. Invasive Clinical Procedure tasks which are not on the Permitted Task List**](#_3__)of[**Procedure: Invasive Clinical Procedures**](#_Procedures).(Normal process of planning, risk assessing and worker training for an Invasive Clinical Procedure)
4. If decision is that it is a request that cannot be pursued arrange for enquirer to be informed that this particular invasive clinical procedure cannot be carried out by Barnardo’s.
5. Ensures the service is as flexible as possible if the child/young person is in Barnardo’s charge in enabling the procedure to be delivered by a person qualified to do so if that is the agreed plan.
6. **Social control - health interventions must never be used for social control or punishment**

[**Social control**](#_Social_control)

**15.1 Action: Responsible Manager**

1. Ensure that all personnel including carers and volunteers understand this requirement.
2. Ensure necessary consents are in place and that health plans include clarity on prescribing when necessary.
3. Ensure that a process for supplying evidence of administration of medication or other health intervention is in place and is used, being mindful of confidentiality and consents, between the Barnardo’s service and the person/s/agency with parental responsibility and with other agencies if this is part of the health plan.
4. Follow [**Safeguarding**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=240352898&objAction=browse&viewType=1) if there is a possibility that a health intervention has been used for social control or punishment including by non-Barnardo’s personnel.
5. Ensure that [b-hive - Manual handling](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=2918) and [**Children's Services and Business Lines Behaviour Management Policy**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=240631073&objAction=viewheader) are implemented.
6. Ensure any worker/carer/volunteer giving a health intervention is properly supervised and their communication with child/young person is checked.
7. Make opportunity if this is not a regulatory requirement for a responsible person other than the worker giving the health intervention to communicate periodically with a child/young person about their experience of receiving a health intervention. This could be the responsible manager.

**15.2 Action: Responsible Barnardo’s worker, volunteer, carer**

1. Follow the plans in place for the child/young person.
2. If concerned about a parent’s management of their child’s health intervention discuss with the parent and advise parent to get advice from their child’s medical practitioner and note this action on the child’s record.
3. If the concern about the parent’s management continues or if there are immediate concerns about a child’s safety or welfare they should follow [**Safeguarding**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=240352898&objAction=browse&viewType=1)
4. Inform their line manager immediately if is believed that a health intervention is being incorrectly administered by others responsible for the child.

### [Procedure: Invasive Clinical Procedures](#_Procedures)

##### **1 Permitted Task List** see [**Guidance - Invasive Clinical Procedures**](#_Guidance_-_Invasive)

**1.1 Action: Responsible Manager**

1. Ensure it has been agreed by the responsible Health Agency and Local Authority/Trust that a Barnardo’s person can undertake the delivery of a procedure on the permitted task list.
2. Check that health care professionals associated with the children and young people known to the services and local authority staff, are aware of [Meeting Health Needs in Educations and other Community Settings | Royal College of Nursing 2017](https://www.rcn.org.uk/professional-development/publications/pdf-006634)
3. Ensure Barnardo’s personnel have been recruited knowing they might be required to give a **Clinical Procedure** from the permitted task list.
4. Inform line manager and seek advice if there is a request to deliver a procedure not on the **Permitted Task List** or on the list of procedures not to be undertaken by unregistered health and non-health qualified carers.
5. Ensure only Clinical Procedures from the Permitted Task List, are put on an health plan e.g. in England an Education, Health and Care plan or Health and Care Plan for an individual child or young person for Barnardo’s personnel unless permission has been granted otherwise see following sections **3 Non-permitted Tasks. Invasive Clinical Procedure tasks which are not on the Permitted Task List** and **4 If the decision is that the request for approval of an invasive clinical procedure, not on the permitted task list, should be pursued after consideration of information received and of the Risk Assessment.**
6. Ensure Approved carers know their insurance position and they have the right cover if they are delivering an Invasive Clinical Procedure.([b-hive - Insurance cover for approved carers (M.7.16)](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=2617) and M.17.16A Insurance Guidelines for Approved Carers)

##### **2 Training**

**2.1 Action: Responsible ADCS or equivalent**

1. Using headings from [**Health Form 01 (G) Check list for responsible manager to use when negotiating joint arrangements with responsible health agency**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=148204189&objAction=viewheader)ensure written agreement with the responsible health agency and include in any agreement with the responsible Local Authority or Trust (NI) if they are responsible for ensuring training is available to Barnardo’s personnel. Include this also in spot purchasing agreements.

2. Inform responsible nursing service/s annually of actual and likely invasive clinical procedure training needs.

3. If the responsible nursing service says that it is unable to provide training to Barnardo’s personnel for delegated procedures ensure it is obtained in writing how they will deliver these procedures to a child or young person whilst they are in Barnardo’s accommodation or charge and have this is agreed with Barnardo’s insurers.

* 1. **Action: Responsible Manager**
1. Ensure the identified training is based on the requirements of the health plan which applies, according to national legislation and regulation.
2. Ensure the invasive clinical procedure has been prescribed by a valid person [**Prescriber**](#_Prescriber_Qualified_medical)
3. Ensure that suitable training is available on a named child basis delivered by appropriately qualified health staff in order to safely and effectively support the care needs of children requiring these procedures.
4. Ensure that trainers providing trainingfor emergency procedures assess trainees via simulated mechanisms again on a named child basis.
5. Ensure Barnardo’s personnel required to administer a clinical procedure are trained on a named child basis by a registered health professional usually the responsible registered nurse using a suitable training format and protocol.
6. Ensure the training incorporates an assessment of the person’s competence on an individual service user basis.
7. Ensure copies of clinical delivery protocols are supplied by the responsible health professional via training session or separately. Relevant copy should be scanned onto the relevant service user record as well as being accessible in service information files as long as they do not contain personal data.
8. Ensure that training is given on a named child/young person basis for each clinical procedure required for each child or young person on a named child basis. I.e. training cannot be carried from one child to another for the same procedure.
9. Routinely [in supervision] check the Barnardo’s worker continues to feel competent and confident to undertake the Clinical Procedure and if they do not decide on action e.g. refresher training; review of service user health plan.
10. Ensure that a schedule is in place for training to be reviewed and refreshed and that this is carried out.
11. Ensure that record of the training is kept on the worker’s personnel file and on any required training record and use forms from [**05 Health Forms**](#_05_Health_Forms).
12. Make the training record available to internal and external inspectors when requested.

**2.3 Action: Responsible Barnardo’s worker/carer/volunteer**

1. Undertake a **Clinical Procedure** only after having received named child training.
2. Inform line manager if concerned that the training received has not given the basis for competence and confidence in delivering the **Clinical Procedure**.
3. Inform line manager if asked to deliver a procedure other than on the Permitted task list.

##### **3 Non-permitted Tasks. Clinical Procedures which are not on the Permitted Task List**

**3.1 Action: Barnardo’s personnel for each individual request**

1. Explain to enquirer that it is not a task that Barnardo’s personnel can undertake unless agreed by responsible Assistant Director and Barnardo’s insurers.
2. If enquirer wishes to pursue request inform line manager.
	1. **Action: Worker and their line manager and responsible ADCS or equivalent**

1. Consider the factors leading to the request and obtain the background information required to enable a decision as to be made as to whether or not it would be reasonable to find out if Barnardo’s personnel might give the procedure,

2. Review the child’s care plan and health care plan.

1. Be aware that interventions which can be given by parents are not the same as what is permitted Barnardo’s.
2. Take into account the health and welfare of the child; the attitude and support of the responsible health professionals and of the responsible authority and what has been done to meet the child’s needs via legitimate routes**.**
3. Inform the enquirer/responsible agency if the decision is **not** to pursue the possibility: this may be before the giving the procedure is risk-assessed, if advice is that it would never be a procedure which could be given by an unregistered health and non-health qualified worker.
	1. **Action: Responsible ADCS or equivalent**
4. Seek advice from Business Support Officer or Head of Business Support, Safeguarding and Children’s Services Planning Team – they may at this point or later seek external specialist professional advice from the Professional Lead in Children and Young People's Nursing at the Royal College of Nursing (RCN adviser) if necessary.
5. If you are advised it is a reasonable request given the circumstances arrange for a Risk Assessment to commence.

##### **4 If the decision is that the request for approval of an invasive clinical procedure, not on the permitted task list, should be pursued after consideration of information received and the Risk Assessment**

**4.1 Action: Responsible Manager with responsible ADCS or equivalent support or by Responsible ADCS or equivalent**

1. Discuss with Business Support Officer, Safeguarding and Children’s Services Planning Team on whether expert advice should be sought from Royal College of Nursing.
2. Inform enquirer that a process will start to establish if giving the procedure whilst in Barnardo’s charge would be in the best interest of the child and if it could be given with minimum risk to the child and worker and if doing this would be indemnified by Barnardo’s Insurers.
3. Gather full details including why the procedure could not be delivered via a health professional and/or the parents.

**4.2 Action: Business Support Officer or Head of Business Support**

1. Must seek view of RCN advisor if this has not already been done and, if RCN advice is that this process can only be delivered by a qualified and registered health professional, inform responsible ADCS or equivalent that it is not possible for Barnardo’s to fulfil the request and they in turn should inform enquirer.
2. If the advice is that it is possible for Barnardo’s to deliver then advise ADCS or equivalent and in conjunction with obtain view of Barnardo’s insurers.
	1. **Action: Responsible Assistant Director Children’s Services or equivalent**

1. Give full information to Barnardo’s insurance manager so they can consult with Barnardo’s insurers.

2. Pass decision of Barnardo’s insurers to responsible ADCS or equivalent unless it has been confirmed in writing they have already been informed of the decision by Insurance Section.

* 1. **Action: Responsible manager**

1. If decision is that it is a request that can be pursued follow **Health Policy** and this **Invasive Clinical Procedure**. (The required process of planning, risk assessing and worker training for an Invasive Clinical Procedure must be followed)

2. If decision is that it is a request that cannot be pursued arrange for enquirer to be informed that this particular invasive clinical procedure cannot be carried out by Barnardo’s.

3. Check whether it is possible for a non- Barnardo’s person who is suitably qualified to deliver the procedure when the child/young person in Barnardo’s charge.

### Procedures Medication

[**Health Policy**](#_Health_Policy) and [**Health Procedures**](#_Health_Procedures) **must be followed**

[**08 Non-prescription medication or treatment (non- prescribed/over the counter medication including those purchased (homely/household/ homeopathic/herbal remedies) Further Information**](#_08_Non-prescription_medication)

##### **1 Handling Medication**

* 1. **Action: Responsible Manager**
1. Ensure there is an agreement with those with parental responsibility about what to do if a child or young person refuses their medicine or treatment and ask them to take advice if necessary from their medical practitioner.
2. In a residential setting if there are questions or concerns about a child/young person’s medication approach an expert health professional such as a GP, community pharmacist or designated nurse for looked-after children, with the query.
3. Have an up to date photograph of child/young person on their record and make arrangements for this to be checked by personnel administering medication to them.
4. Ensure there are risk assessments in place for those medicines handled which fall under H&S Control of Substances Hazardous to Health Guidance (COSHH Regulations). Examples include external applications such as steroids and cytotoxic medicines such as methotrexate.
	1. **Action: Responsible Worker**
5. Ensure medications have been prescribed and dispensed by those legally authorised to do so. E.g. [Following the Script: Getting your medicines quickly, and safely, with non-medical prescribers](http://www.gov.scot/Publications/2010/08/19155851/1) (Scotland), [**Prescriber**](#_Prescriber_Qualified_medical)
6. Ensure medicines and treatments are in original containers and including the information leaflet, with patient name, pharmacist, date, dosage and storage clear.
7. Check each time you have the correct medication and dosage for the right child/young person.
8. Do not crush tablets unless this is agreed in the health plan with the medical practitioner or on pharmaceutical advice. (Crushing might alter the properties of the medicine and also some medicines are dangerous if inhaled).
9. Never give prescribed medicine except for the purpose they were prescribed.
10. Never give medicine prescribed for one person to another.
11. Discuss and record if those with parental responsibility will agree to suspend all but prescribed medication whilst Barnardo’s is providing short break care. Note in some circumstances the best interest of the child will be that their routine is changed as little as possible e.g. children with complex needs receiving regular short breaks.

##### **2 Recording Medication**

**2.1 Action: Responsible Manager**

1. Ensure the service records each individual medicine/treatment received in respect of an individual child/young person received from the person with parental responsibility/formal Delegated authority or authorised carer, which includes the date and time of receipt and amount of medicine/items for treatment.
2. Ensure the service has a record of disposal of equipment and medicines including how and where, with the reason why the service has responsibility for this: this would include where a child is not returning to a long term placement.
3. Ensure there are separate records for receipt, administration and disposal of controlled medicines/drugs.
4. Ensure there is a record of incidents (Incident reporting) using organisational procedures including [**Children's Services and Business Lines Notifiable Events Map**](http://livelink.barnardos.org.uk/otcs/llisapi.dll?func=ll&objId=259499783&objAction=viewheader) and [b-hive - Reporting of Accidents and Incidents](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=2912). (Examples of incidents – not an exhaustive list - medication errors; accidental or deliberate over or under dosing; medicine that has gone missing including because of theft or selling on or unrecorded disposal; deliberate use of another service users medication; adverse drug reaction. [**Health Policy Further Information - Adverse Drug Reaction**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=234273445&objAction=viewheader)**)**
5. Ensure personnel, volunteers and carers know that they can only accept medicine/treatment in its correct package/container, with the child/young person’s name and with correct product leaflet. The record of receipt to include date and time and the amount of medicine/items for treatment received. This record to be checked against what is in the Health Care Plan and signed both by recipient and the person delivering/passing on the medication.
6. Ensure there is a record of disposal of equipment and medicines including how, where and quantity, with the reason why the service has responsibility for this: this includes where a child is not returning to a long term placement.
7. Ensure there are separate records for the receipt, administration and disposal of controlled medicines/drugs. [**03 Controlled Medicines (Drugs) and Illicit Medication, including storage of controlled drugs - Further Information**](#_03_Further_Information)

**2.2 Action: Responsible Worker**

1. Record transfer of medication and check the medication when transferred against what is in the Health Care Plan and ensure transfer is signed by recipient and the person delivering/passing on the medication.
2. Record each administration of a medicine/treatment. [**Health Form 08 (M/ICP) MAR chart - Medication Administration Record of each medicine given to an individual child**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148204404&objAction=viewheader)
3. If a child/young person is self-administering involve them as much as possible in completing their MAR chart and there must be an on-going record of individual service user’s medication even when they are responsible for their own administration.
4. Make and retain records according to [**Children's and Business Line Services Recording Policy**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=240683953&objAction=viewheader)and [**Children's and Business Line Services Data Protection Policy**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=241297969&objAction=browse&viewType=1) and by following this policy; the [**Template for Service Health Plan Protocol**](http://livelink.barnardos.org.uk/otcs/llisapi.dll?func=ll&objId=250871601&objAction=viewheader) and use of [**Health Forms - Guidance to using forms for medication, invasive clinical procedures, intimate care, personal care, therapeutic massage**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205074&objAction=viewheader)**;** [**Health Forms**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148202430&objAction=browse&viewType=1)**.**
5. Follow service protocol for the transfer of medication and medication administration records between those who have charge of a child including those with parental responsibility.
6. Check medication records received to ensure there are no concerns which have not already been dealt with and alert line manager if there are.
7. Follow [**Children's and Business Line Services Recording Policy**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=240683953&objAction=viewheader) and [**Children's and Business Line Services Data Protection Policy**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=241297969&objAction=browse&viewType=1) with regard to security and confidentiality of records whilst they are outside the service user record.

##### **3 Services which regularly administer medicines and regulated services must have specific policy and procedure for medication to meet their needs taking account of the requirements of the service**

**3.1 Action: Responsible Manager**

1. Using [**Health Plan Protocol**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=250871601&objAction=viewheader), develop the service medication protocol.
2. Consult with responsible ADCS or equivalent as to what from [**Health Policy further information**](#_Health_Policy_further) is included.
3. Ensure that matters not covered by [**Health Policy further information**](#_Health_Policy_further) and the [**Health Policy**](#_Health_Policy) and which are required to be implemented by the service, are included in the service health plan protocol and take advice from Business Support Officer and Safety Adviser if required.
4. Ensure the Service Medication protocol has a clear opening statement about what it includes.
5. Designate at least one named member of staff to look after medicines. [Handling of medicines in Social care Guidance 2016-11-17](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643); [Pharmaceutical services to social care settings](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643); [Managing medicines in care homes | Guidance and guidelines | NICE](https://www.nice.org.uk/guidance/sc1)
6. Ensure there is a named photograph of each child or young person in receipt of medication available.
7. If manager of a school, residential school or children’s home ensure there is a named community pharmacist to advise and help monitor medicines [Handling of medicines in Social care Guidance 2016-11-17](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643); [Pharmaceutical services to social care settings](https://www.rpharms.com/resources/toolkits/pharmaceutical-services-to-social-care-settings); [Managing medicines in care homes | Guidance and guidelines | NICE](https://www.nice.org.uk/guidance/sc1)
8. If a manager of any other service type, make a link with a GP surgery or dispensing chemist for advice and to help monitor medicines [Handling of medicines in Social care Guidance 2016-11-17](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643); [Pharmaceutical services to social care settings](https://www.rpharms.com/resources/toolkits/pharmaceutical-services-to-social-care-settings); [Managing medicines in care homes | Guidance and guidelines | NICE](https://www.nice.org.uk/guidance/sc1)
9. Ensure the service health protocol includes the requirement to complete a risk assessment of capacity for young people who are of an age where they might be responsible for the administration of their own medicine/s. [**Self-administration of medication or treatment further information**](#_13_Self-administration_of)
10. Address in the service health protocol if a child or young person can attend the service with an illness or condition for which they are being given a prescribed or homely medication.
11. Address the safe storage of medication suitable to service arrangements. [**Storage of Medicines and equipment Further Information**](#_14_Storage_of)
12. Include that the record of medication administration should be made directly after administration.
13. Address safe transfer and recording of this of medication where child /young person moves between the Barnardo’s service and the care of the person with parental responsibility or delegated responsibility or responsible adult and where child moves between the care of `another agency and Barnardo’s.
14. Ensure where young people are receiving a service in respect of substance misuse the administration of any associated medication is carried out legally and in accordance with harm minimisation practice.
15. If the service is required to dispense Supplements and Vitamins under a Government programme on behalf of a Statutory Body (Health or Local Government) ensure that workers responsible for this have training and Further Information Dispensing Supplements and Vitamins is followed. [**Prescribed Medication and Treatment further information**](#_11_Prescribed_Medication)

**3.2 Action: Responsible Barnardo’s personnel administering medication**

1. Check the named photograph against the name on the medicine container and the child or young person is correct before administering medication.
2. Record each administration of medication following this policy, using relevant health form and service recording protocol.

##### **4 Services which do not regularly administer medication and services which are not regulated must also have a medication protocol unless the responsible ADCS or equivalent has agreed that they never administer medication.**

**4.1 Action: Responsible Manager**

1. Using [**Template for Service Health Plan Protocol**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=250871601&objAction=viewheader), establish if there are any medications which will be delivered and write protocol accordingly.
2. Ensure protocol includes what to do in an emergency (see [**12 Emergencies**](#_12_Emergencies) & [**Medical Emergencies Further Information**](#_06_Medical_Emergencies))
3. Regularly review protocol and revise if service delivery moves to the regular administration of medication even if limited to one child or young person including training required and storage of medication.
	1. **Action: Responsible Barnardo’s personnel administering medication**
4. Check the name of the child or young person from the service record against the name on the medicine container.
5. If child or young person is of an age and understanding, check their name with them.
6. Record each administration of medication following this policy, using relevant health form and service recording protocol.

##### **5 Covert administration of Medication or other health intervention**

**5.1 Action: Responsible Manager**

1. It would be illegal for Barnardo’s to make a decision to administer medication or other health intervention covertly.
2. If any request is made speak to responsible ADCS or equivalent and get insurer’s advice.
3. Make a careful record of the basis of the decision if it is that Barnardo’s personnel can administer.

* 1. **Action: Responsible Barnardo’s personnel**
1. Never agree to administer medication or other health intervention covertly unless this has been sanctioned by line managers who will have followed the process above.

**6 Incident reporting - mistakes, adverse reactions and maladministration must be notified** [**01 Adverse Drug Reaction Management and Reporting Further Information**](#_01_Adverse_Drug)

**6.1 Action: Responsible Manager**

1. Follow the service protocol on reporting based on [b-hive - Reporting of accidents and incidents](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=2912). Incidents might be medication errors; accidental or deliberate over or under dosing; medicine that has gone missing including because of theft or selling on or unrecorded disposal; deliberate use of another service users medication; adverse drug reaction.
2. Follow the regulatory requirements which apply to the service on notification and reporting and [Children's Services and Business Lines Notifiable Events Map](http://livelink.barnardos.org.uk/otcs/llisapi.dll?func=ll&objId=259499783&objAction=viewheader).
3. Ensure those with parental responsibility or their delegates are informed according to the service protocol.
4. Follow [**Safeguarding**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=240352898&objAction=browse&viewType=1) if there is an allegation against Barnardo’s personnel.
5. Seek advice if necessary from a Safety Adviser or Business Support or Safeguarding lead manager.
6. Arrange for reports including copies of completed forms to be placed on the service user record.
7. Incorporate learning from the event leading to notification into service learning and put in place any required actions to prevent a reoccurrence.
8. Pass to their line manager for organisational learning.
	1. **Action: Responsible Barnardo’s worker or approved carer**
		1. Take appropriate steps for safety and welfare of child or young person including obtaining medical advice.
		2. Inform their responsible manager or if an approved carer their supervising Barnardo’s worker or out of hours contact who will assess when to inform the responsible manager according the service arrangements for this.

### Procedures Intimate and Personal care

[**Health Policy**](#_Health_Policy) **and** [**Health Procedures**](#_Health_Procedures) **must be followed**

##### **Choice and control for children and young people. Children and young people must participate in the planning of their care and agree it so far is possible and feasible.**

 **1.1 Action: Responsible manager**

1. Ensure that children and young people are given a voice as personal and intimate care is planned and reviewed enabling the child or young person to say if they find the carer unacceptable.
2. Ensure when a young person is between 16 and 18 and over 18 that [**Mental Capacity Act and DoLS Policy**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=251075284&objAction=viewheader)is followed in assessing whether a young person can understand what is proposed for their care and so agree or not.
3. Ensure the child or young person where possible can choose who provides their care.
4. Maintain awareness of any Safeguarding or Child Protection issues known in relation to a particular child or young person, which would be included in the risk assessment and which might override child or young person’s choice/parental choice of carer.
5. Ensure that the intimate and personal care arrangements for an individual child or young person are reviewed every six months or sooner if there are any changes and the CYP is involved in the review.

**1.2 Action: Responsible worker/carer/volunteer**

1. Allow the child or young person a choice in the sequence of care.

2. Ensure privacy appropriate to the child or young person’s age and the situation.

3. Allow the child or young person to care for her/himself as far as possible.

4. Be aware of and responsive to the child or young person’s reactions.

##### **2. Barnardo’s workers must be trained as necessary to give personal and intimate care for intimate care which encompasses areas of personal care which most people usually carry out for themselves but some people are unable to do so because of an impairment or disability. [[4]](#footnote-4)**

**2.1 Action: Responsible Manager**

1. Ensure staff, carers and volunteers are shown how to undertake or are trained in the intimate/personal care activity.
2. Wherever possible try to have intimate care provided to children up to the age of 12 carried out by a staff member or carer of the same gender.
3. Ensure intimate care for teenagers and young people is always provided by carers of the same gender except in emergency or life-threatening situations.
4. Ensure the location is suitable for carrying out personal and intimate care.
5. Monitor via supervision and other appropriate meetings and any feedback mechanisms for service users and their people with parental responsibility used by the service.
6. Maintain awareness of any Safeguarding or Child Protection issues known in relation to a particular child or young person, which would be included in the risk assessment and which might override general same sex delivery of care.

**2.2 Action: Responsible member of staff/carer/volunteer**

1. Use appropriate Health Care Forms [**Health Form 02 (G) Example Health Assessment Form. To complete with parent/s or other person/s with parental responsibility**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148204385&objAction=viewheader)**;** [**Health Form 03 (G) Health Care Plan for a Child who requires Medication, Invasive Clinical Care, Intimate Care and/or Therapeutic Massage**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148205193&objAction=viewheader)**;** [**Health Form 22 (IC/TM) Staff/worker/carer training record for Intimate Care/Therapeutic Massage when not an Invasive Clinical Procedure**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148203342&objAction=viewheader)**;** [**Health Form 23 (IC) Record of each intimate care procedure administered to an individual child**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148204456&objAction=viewheader) to ensure agreement from those with parental responsibility, planning and the knowledge of the tasks required.
2. Attend to the safety and comfort of the child or young person and ensure he/she is treated with dignity and respect.
3. Where possible enable activities related to intimate care to offer opportunities for the young person’s personal development and choice.
4. Encourage children and young people to become aware of and value their own bodies and extend their personal skills and communication.
5. Ensure religious and cultural values of children and their families are taken into account.
6. Follow the Procedures [**Procedure: Invasive Clinical Procedures**](#_Procedures)**;** [**Procedures Medication**](#_Procedures_Medication) and[**Procedures: Therapeutic Massage**](#_Procedures:_Therapeutic_Massage) appropriately.
7. Follow and ask visitors to follow H&S [b-hive - Control of body fluid borne infections](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=3853)

### Procedures: Therapeutic Massage

[**Health Policy** and](#_Procedures) [**Health Procedures**](#_Health_Procedures) **must be followed**

**Therapeutic Massage**

1. **Safe Framework and Delivery**
	1. **Action: Responsible Manager**
2. Include in the [**Template for Service Health Plan Protocol**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=250871601&objAction=viewheader) a service Framework[[5]](#footnote-5) and Procedure for therapeutic massage both of which underpin Safeguarding.
3. Ensure that there is capacity for another appropriate adult to be present when therapeutic massage is given.
4. Ensure therapeutic massage is given by the therapist only in the presence of a member of Barnardo's staff or when appropriate, the child's trusted parent\foster carer. If the therapist is employed by Barnardo's, then another Barnardo’s member of staff must be present.
5. Ensure all therapists delivering therapeutic massage to a service user including a Barnardo’s employee are risk assessed or have their own acceptable risk assessment and criminal record check according to national regulation (e.g. [b-hive - Criminal record disclosure checks](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=2572)).
6. Ensure any member of staff within ETS (Employment, Training and Skills) who deliver units of a qualification relating to massage as part of an accredited training programme, meets the requirements in the Qualification Specification, as outlined by the relevant awarding organisation.
7. Ensure any person giving therapeutic massage has had training and has obtained a qualification recognised by the regulatory body [Complementary and Natural Healthcare Council (CNHC)](http://www.cnhc.org.uk/) and one of the following professional associations AAPA (Aromatherapy & Allied Practitioners Association); GCMT (General Council Massage Therapy); Reflexology Forum; AoR (Association of Reflexologists); FHT (Federation of Holistic Therapists); CThA (Complementary Therapists Association).
8. Ensure that the legitimate therapist’s documented evidence of appropriate training, competence and qualification is seen and checked and a record made that this has happened and by whom, on the child or young person’s case record.
9. Check with H&S Adviser or Health Service colleagues as to the appropriateness of any qualifications in relation to the therapy offered if not recognised by CNHC.
10. Make a record of service users using the same therapist, holding this confidentially.
11. Ensure the service risk assessment includes **Therapeutic Massage** if it is routinely offered by the service.
12. Ensure that the location where therapeutic massage is given can afford the child or young person safety, privacy and dignity with appropriate materials e.g. scents for aromatherapy.
	1. **Action: Responsible member of staff/carer/volunteer**
13. Ensure all children and young people are treated with sensitivity and respect and in accordance with their age, background, ethnicity, need, ability and communication skills so their experience is positive.
14. Must not administer therapeutic massage routinely: a child's wishes must not be followed if by following them Barnardo's ability to protect the child from abuse is compromised.
15. Record all sessions on the service user record.
16. Ensure the service user risk assessment includes **Therapeutic Massage**.
17. Obtain the consent of parents or others with parental authority or the young person if they can consent to this in their own right which would be according to their age, understanding and known history.
18. Regularly review consent for therapeutic massage.
19. Record, on the case record, the reasons for the decision to provide massage; the efforts made to gain the child's views and the choices made as to whether massage takes place at all; when; where; on what parts of the body.
20. Ensure there is additional support for those disabled children and young people who need this in order to identify their individual preferences by for example using a Speech Therapist’s expertise.
21. Record, on the case record, the intended benefits of the therapeutic massage.
22. Review and evaluate against the intended benefits.
23. Check so far as is possible according the capacity of the child or young person that they are happy for individual sessions to go ahead.
24. Ensure the child or young person is dressed appropriately and comfortably.
25. Ensure there is another appropriate adult present when therapeutic massage is given.
26. Ensure there is ongoing communication between the therapist and child or young person during the therapeutic massage session so the child or young person is kept informed and their wishes consulted
27. Remain alert to the possibility of the relationship between the therapist and the child or young person being abusive.
28. Cease session if you or the other appropriate adult have concerns and follow Safeguarding Policy.

##### [**Template for Service Health Plan Protocol**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=250871601&objAction=viewheader)

### Guidance - Invasive Clinical Procedures

##### **Permitted Task List**[[6]](#footnote-6) The permitted tasks for support workers (unregistered health and non-health qualified staff) The focus of training must be on the care plan as it applies to a named child.

|  |
| --- |
| **Only invasive clinical procedures from this list of permitted tasks may be delivered by support workers, following training on a named child basis and a health led child-specific risk assessment** |
| Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, orally or applied to skin, eyes and/or ears. |
| Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child’s care plan (preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin).  |
| Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine.  |
| Rectal medication with a pre-packaged dose i.e. rectal diazepam.  |
| Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child’s lead medical practitioner i.e. GP or paediatrician.  |
| Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel.  |
| Blood Glucose monitoring and carbohydrate counting as agreed by the child’s lead nursing/medical practitioner E.g. GP, Paediatrician or Children’s Diabetes Nurse Specialist. |
| Assistance with inhalers, cartridges and nebulisers.  |
| Emergency treatments covered in basic first aid training including airway management.  |
| Tracheostomy care including suction using a suction catheter.  |
| Emergency change of tracheostomy tube[[7]](#footnote-7). |
| Nasal or oral suctioning which does not go beyond the back teeth and where there is an effective cough. This should be prescribed by a doctor, children’s respiratory nurse specialist or a paediatric respiratory physiotherapist.  |
| Assistance with prescribed oxygen administration including oxygen saturation monitoring where required. [**07 Medicinal Gases – Oxygen Further Information**](#_07_Medicinal_Gases) |
| Administration and care of liquid oxygen administration. [**07 Medicinal Gases – Oxygen Further Information**](#_07_Medicinal_Gases) |
| Ventilation care for a child with a **predictable** medical condition and **stable** ventilation requirements (both invasive and non-invasive ventilation).  |
| Bolus or continuous feeds via a naso-gastric tube or gastrostomy. |
| Bolus or continuous feeds using a pump via gastrostomy or jejunostomy. |
| Intermittent catheterisation and catheter care.  |
| Supporting a child/young person to access a mitrofanoff. |
| Stoma care including the requirement to maintain patency of stoma in an emergency situation prior to seeking advice from the registered nurse.[[8]](#footnote-8)  |

##### **Non-Permitted Task List**

|  |
| --- |
| **The following tasks should not be undertaken by a Barnardo’s support worker (unregistered health and non-health qualified person).**  |
| Assessment of care needs, planning a programme of care or evaluating outcomes of a programme of care. |
| Re-insertion of nasogastric tube.  |
| Re-insertion of percutaneous endoscopic gastrostomy tubes or other gastrostomy tubes, balloon type gastrostomy tubes or low profile devices except as advised in an emergency. [[9]](#footnote-9) |
| Intramuscular and sub-cutaneous injections involving assembling syringe or intravenous administration.  |
| Programming of syringe drivers.  |
| Filling of oxygen cylinders. |
| Laryngo Pharyngeal (Nasal or Oral) suctioning into the pharynx past the epiglottis but above the vocal cords, this should be carried out by a registered nurse due to the risk of laryngeal spasm. |
| Tracheal suctioning, this is specialist suctioning through the vocal cords and should only be carried out by a specialist and is not a procedure used in community settings. |
| Siting of indwelling catheters.  |
| Medicine not prescribed or included in the care plan.  |
| Ventilation care for an unstable and unpredictable child.  |

##### **Meeting Health Needs in Education and other Community Settings: A guide for nurses caring for Children and Young People**

In 2004, the Council for Disabled Children published ‘the Dignity of Risk’ which contained an advisory list of procedures previously produced by the Royal College of Nursing in 1999, highlighting those clinical procedures which could be safely taught and delegated to unregistered health and non-health qualified staff. This list was subsequently updated for ‘Including Me’ in 2005. RCN have periodically reviewed and updated their guidance. You can read the January 2018 version [here.](http://livelink.barnardos.org/livelink91/livelink.exe/fetch/2000/7542390/12398890/180460353/262106517/239697026/239695471/Meeting_Health_Needs_in_Education_and_other_Community_Settings_guide_for_nurses.pdf?nodeid=280008445&vernum=-2)

### Associated guidance and documents

**Barnardo’s**

[**Health Forms - Guidance to using forms for medication, invasive clinical procedures, intimate care, personal care, and therapeutic massage**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205074&objAction=viewheader)

[**Template for Service Health Plan Protocol (linked).docx**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=250871601&objAction=viewheader)

[B-hive - Control of body fluid borne infections](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=3853)

[B-hive - Risk assessment](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=2909)

[B-hive - First aid](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=2911)

[B-hive - Insurance](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=3067)

[B-hive - Insurance cover for approved carers (M.7.16)](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=2617) and linked Insurance Guidelines for Approved Carers (M.17.16A)

[**Mental Capacity Act and DoLS Policy**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=251075284&objAction=viewheader)

[**Supervision Policy**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=240654865&objAction=viewheader)

[B-hive - Reporting of injuries, events, diseases, dangerous occurrences and hazards at work](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=5346)

[H&S Bedrails and Cot Sides / Bunk Beds / Management of Medical Devices](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=120624087&objAction=browse&viewType=1)

**External**

[Medicines and Healthcare products Regulatory Agency - GOV.UK](https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency)

[Promoting the health and wellbeing of looked-after children - Publications - GOV.UK](https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2)

[Supporting pupils at school with medical conditions - Publications - GOV.UK](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)

[Children and young people’s continuing care national framework England January 2016](https://www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework)

[Delegation of authority to carers: developing your local policy - Publications - GOV.UK](https://www.gov.uk/government/publications/delegation-of-authority-to-carers-developing-your-local-policy)

[Gov.uk Delegation of authority to carers YP version.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/305147/Delegation_of_authority_to_carers_YP_version.pdf)

[Handling of medicines in Social care Guidance 2016-11-17](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643)

[Pharmaceutical services to social care settings](https://www.rpharms.com/resources/toolkits/pharmaceutical-services-to-social-care-settings)

[Managing medicines in care homes | Guidance and guidelines | NICE](https://www.nice.org.uk/guidance/sc1)

[NMC Publications revised/new Nursing and Midwifery Council The Code](http://www.nmc-uk.org/Documents/NMC-Publications/revised-new-NMC-Code.pdf)

[NMC Standards for Medicines Management](https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf)

[Consent | Nursing and Midwifery Council](http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/consent/)

[Transition from children’s to adult services (24 February 2016) Nice guidance](http://www.nice.org.uk/guidance/ng43)

#### References

Establishes other works (including Barnardo’s, Government policies or legislation) the policy is based upon or refers to

**Barnardo’s**

[**Children's Services and Business Line Behaviour Management Policy**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=240631073&objAction=viewheader)

[**Substance misuse policy**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=253954071&objAction=viewheader)

[**Young people, Sexual Health and the Law - Policy**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=240876993&objAction=viewheader)

[**Self-harm**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=240222721&objAction=browse&viewType=1)

[**Children's Services and Business Lines Notifiable Events Map.docx**](http://livelink.barnardos.org.uk/otcs/llisapi.dll?func=ll&objId=259499783&objAction=viewheader)

[**Safeguarding**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=240352898&objAction=browse&viewType=1)

[B-hive - Manual handling](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=2918)

[B-hive - Reporting of accidents and incidents](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=2912)

[Individual Child & Young Person Risk Assessment Forms Including Behaviour Management](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=142647961&objAction=browse&viewType=1)

[Management of Health & Safety at Work Regulations and General Risk Assessment Guidance](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=31541093&objAction=viewheader)

**External**

[Managing your personal health budget - Patient choice - NHS Choices](http://www.nhs.uk/choiceintheNHS/Yourchoices/personal-health-budgets/Pages/managing-your-personal-health-budget.aspx)

[Parenting children with complex needs](http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/parenting-children-with-complex-needs.aspx)

[Carers' assessments - Care and support guide - NHS Choices](http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/carers-assessment.aspx)

[Supporting pupils at school with medical conditions - Publications - GOV.UK](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)

[Welcome to CDC | Council For Disabled Children](https://councilfordisabledchildren.org.uk/)

[Education, Health and Care Plans: Examples of good practice | Council For Disabled Children](https://councilfordisabledchildren.org.uk/help-resources/resources/education-health-and-care-plans-examples-good-practice)

[Understanding the needs of disabled children with complex needs or life-limiting conditions | Council For Disabled Children 2017](https://councilfordisabledchildren.org.uk/help-resources/resources/understanding-needs-disabled-children-complex-needs-or-life-limiting-conditions)

[Discussing and planning medicines support | SCIE](https://www.scie.org.uk/publications/ataglance/discussing-planning-medicines-support.asp?utm_campaign=9120600_Providers%20mailing%20-%20quick%20guides%20jan%2018&utm_medium=email&utm_source=SCIE&utm_sfid=003A000000blcsjIAA&utm_role=Care%20worker%20-%20front-line&dm_i=4O5,5FHI0,ZTO08,L186X,1)

[Managing medicines in care homes | Guidance and guidelines | NICE](https://www.nice.org.uk/guidance/sc1)

[Helping to prevent infection | SCIE](https://www.scie.org.uk/publications/ataglance/helping-to-prevent-infection.asp?utm_campaign=9120600_Providers%20mailing%20-%20quick%20guides%20jan%2018&utm_medium=email&utm_source=SCIE&utm_sfid=003A000000blcsjIAA&utm_role=Care%20worker%20-%20front-line&dm_i=4O5,5FHI0,ZTO08,L186X,1)

[CQC and Ofsted Joint guidance registration healthcare at children's homes 2012.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/381235/CQC_20and_20Ofsted_20Joint_20guidance_20-_20registration_20of_20healthcare_20at_20children_27s_20homes.pdf)

[National Care Forum - Medication safety resources](http://www.nationalcareforum.org.uk/medsafetyresources.asp)

[GCMT - The Council for Soft Tissue Therapies > Home](http://www.gcmt.org.uk/Home.aspx)

[Gov.uk Public health role of local authorities - factsheet.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213009/Public-health-role-of-local-authorities-factsheet.pdf)

[Reference guide to consent for examination or treatment (second edition) - Publications - GOV.UK](https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition)

**England**

[Children and Families Act 2014](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted)

[Young person’s guide to the Children and Families Act 2014 - Publications - GOV.UK](https://www.gov.uk/government/publications/young-persons-guide-to-the-children-and-families-act-2014)

[The Children’s Homes (England) Regulations 2015](http://www.legislation.gov.uk/uksi/2015/541/contents/made)

[Children’s homes regulations, including quality standards: guide - Publications - GOV.UK (March 2015)](https://www.gov.uk/government/publications/childrens-homes-regulations-including-quality-standards-guide)

[The Children’s Homes (Amendment) Regulations 2011](http://www.legislation.gov.uk/uksi/2011/583/made)

[The Education (Non-Maintained Special Schools) (England) Regulations 2011 updated March 2015](http://www.legislation.gov.uk/uksi/2011/1627/introduction/made)

[Residential special schools: national minimum standards - Publications - GOV.UK](https://www.gov.uk/government/publications/residential-special-schools-national-minimum-standards)

[Guidance on Direct Payments for Healthcare: Understanding the Regulations](http://www.england.nhs.uk/healthbudgets/wp-content/uploads/sites/26/2015/04/guid-dirct-paymnt.pdf)

[Children Act 1989: care planning, placement and case review - Publications - GOV.UK](https://www.gov.uk/government/publications/children-act-1989-care-planning-placement-and-case-review)

[Children Act 1989 guidance and regulations volume 4: fostering services](http://www.education.gov.uk/aboutdfe/statutory/g00224400/children-act-1989-guidance-and-regulations-volume-4)

[Early Years Foundation Stage Statutory Framework 2017.](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiz-I2XtNXZAhVlK8AKHYVpB6cQFggnMAA&url=https%3A%2F%2Fwww.foundationyears.org.uk%2Ffiles%2F2017%2F03%2FEYFS_STATUTORY_FRAMEWORK_2017.pdf&usg=AOvVaw2zt5ffAVuDM1yfAzNNItl6)

 [The Care Leavers (England) Regulations 2010](http://www.legislation.gov.uk/uksi/2010/2571/regulation/5/made)

**Scotland**

[National care standards early education and childcare up to the age of 16](http://www.gov.scot/Publications/2011/05/16141823/0)

[National Care Standards: Foster Care and Family Placement Services](http://www.gov.scot/Publications/2011/05/16141925/0)

[National care standards: care homes for children and young people](http://www.gov.scot/Publications/2011/05/16141058/0)

[Care Inspectorate Publications & Statistics](http://www.careinspectorate.com/index.php/publications-statistics/80-professionals-registration/health-guidance) (Guidance)

**Cymru**

[CSSIW | Care and Social Services Inspectorate Wales](http://cssiw.org.uk/providingacareservice/regs-nms/children-services/?lang=en)

[National Minimum standards for Regulated Child Care for children up to age 12 years](http://careinspectorate.wales/docs/cssiw/publications/160303regchildcareen.pdf)

[The Children’s Homes (Wales) Regulations 2002](http://www.legislation.gov.uk/wsi/2002/327/contents/made)

[Welsh Government | Health and social care](http://gov.wales/topics/health/?lang=en)

**NI**

[The Children’s Homes Regulations (Northern Ireland) 2005](http://www.legislation.gov.uk/nisr/2005/176/contents/made)

[RQIA Mandatory Training Guidance](http://www.rqia.org.uk/cms_resources/Mandatory%20Training%20Guidance%202012-2013%20.pdf)

[NISCC RQIA Code Matching Guide3 Children’s Homes](http://www.rqia.org.uk/cms_resources/2012Sep_NISCC_RQIA_CodesMatchingGuide3_ChildrensHomes_AFMCK.pdf)

<http://www.dhsspsni.gov.uk/early_years_standards_-_july_2012.pdf>

[The safe and secure handling of medicines | Department of Health](https://www.health-ni.gov.uk/publications/safe-and-secure-handling-medicines)

[Regulation and Quality Improvement Authority: 2016-17 Provider Guidance](http://www.rqia.org.uk/what_we_do/registration__inspection_and_reviews/provider_information_events.cfm)

<https://www.health-ni.gov.uk/publications/intimate-care-policy-and-guidelines-regrading-children> 2007

### Health Policy further information

##### The following Further Information is Guidance to support the Health Policy and Procedures and give interpretation. It is required they are followed as indicated in the Policy and Procedures.

##### **01 Adverse Drug Reaction Management and Reporting Further Information**

[**Notifications**](#_Notifications__)

1. Any actual or suspected adverse drug reaction (ADR) should be reported to the general practitioner and/or the supplying pharmacist for the individual service user.
2. General practitioners and pharmacist can report on to the [Medicines and healthcare products regulatory agency](https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency) and should involve staff and carers if they submit a report.
3. The person or authority with parental responsibility must be informed.
4. The incident should be explained to the child/young person according to their level of understanding.
5. The medicine should not be given again without discussion and agreement with the general practitioner, the child’s person with parental responsibility and the young person themselves if of sufficient age and understanding and/or managing their own medicines.
6. The Responsible Manager must ensure the ADR and action taken is recorded on the service user medication record.
7. Responsible Manager must follow the regulatory requirements applying to their registration re notification of ADRs.
8. Responsible Manager must consider if [Children's Services and Business Lines Notifiable Events Map](http://livelink.barnardos.org.uk/otcs/llisapi.dll?func=ll&objId=259499783&objAction=viewheader) should be followed.
9. The Health and Safety Advisor should be informed and consideration given to following [b-hive - Reporting of Accidents and Incidents](http://b-hive.barnardos.org.uk/Interact/Pages/Section/SubFullOne.aspx?subsection=2912)

##### **02 Allergies Further Information**

For more information see the following links [H&S Guidance Anaphylaxis](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=31542536&objAction=viewheader); [H&S Web Links Medical Conditions and Allergies](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=31252239&objAction=viewheader); British Lung Foundation

<https://www.blf.org.uk/Page/Support-and-information>

1. The Health Care plan e.g. EHC Plan orIndividual Health Plan incorporated in the Care Plan Looked after Child or other Health plan must identify allergies and they must be risk assessed. Actions to be taken by Barnardo’s workers must be clear.
2. Medical help must be sought if the Health Plan and Risk Assessment identify that the allergic reaction will be severe and life-threatening.
3. Older children and young people who have severe, life-threatening allergic reactions or other medical conditions which may render them unconscious or unable to give medical information, should have been advised by their health professional to wear medic-alert bracelet or necklace. They could instead opt carrying a medic–alert card but should have been made aware of the risk that it may not be found in a medical emergency.
4. Parents/carers should have been advised about medic-alert bracelet or necklace for their younger child with those conditions, but only if it will not be removed by the child who might choke on or swallow the medic-alert. This must be put in the Health Plan.
5. Children and young people should have available an adequate supply of any emergency medication they need. This should be checked by services and carers, especially before departure on a holiday, trip or outing.
6. Staff and carers in services used by children or young people with anaphylaxis must have an adequate understanding of the condition and be trained in the first aid treatment for anaphylactic shock including recognition of the symptoms of individual children, resuscitation, and the administering of emergency medication, whether taken orally or by use of a injector pen or other rescue medication administration. The service should as part of their assessment of training needs determine how many workers require this training.
7. Services and carers should ensure that products and food, known to trigger allergic reactions, are excluded from the service/home as far as is practicable. This may mean sharing information agreed by the parents and child on a need to know basis with other service users and carers about what is not allowed into the service and why. This may include requesting parents not to give beforehand foods or use products, with a known allergen, when their child attends the service at the same time as a child with a severe reaction to the allergen.

##### **03 Controlled Medicines (Drugs) and Illicit Medication, including storage of controlled drugs - Further Information**

[What is a controlled medicine (drug)? - Health questions - NHS Choices](http://www.nhs.uk/chq/Pages/1391.aspx?CategoryID=73)

Statutory Guidance on what is a controlled medicine/drug is revised to keep pace with pharmacological developments.

[**Substance Misuse**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=241913132&objAction=browse) includes [**Substance Misuse Guidance 04 Service Policy Template**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=220799483&objAction=viewheader) for service policy/procedure and guidance on disposal.

1. If you are not sure if a medicine you have been asked to manage or to administer is a controlled drug check this with a qualified and practising pharmacologist.
2. A controlled drug will fall under one of the Schedules of [The Misuse of Drugs Regulations 2001](http://www.opsi.gov.uk/si/si2001/20013998.htm) or amendment to this.
3. A controlled drug must be prescribed for an individual.
4. A young person who is self-medicating can legally possess a controlled prescription drug.
5. Individual secure lockable storage for controlled drugs must be available in residential settings if a young person is managing their own medication administration.
6. The agreement between the service and the service user or their person with parental responsibility must include their informing the service if a controlled drug is prescribed.
7. If the service has substance misuse as part of its work and/or the controlled drug is part of a harm minimisation programme then the management of a controlled drug will be part of the programme and the agreement with the young person or their person with parental responsibility and should be referenced. [**Template for Service Health Plan Protocol**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=250871601&objAction=viewheader) and [**Substance Misuse Guidance 04 Service Protocol Template**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=147594156&objAction=viewheader)
8. It should be made clear to service users that they must not supply their prescribed controlled drug or any other prescribed medication to another person.
9. If the child or young person is in the charge of the services or is responsibility of the service in another setting and administration of a controlled drug takes place in the service by service workers, this administration must be by an authorised member of staff and witnessed by an appropriately trained staff member (good practice).
10. If the administration of a controlled drug takes place in a domestic homecare setting this must be by a trained carer and no witness is required. (see chapter 2

[Handling of medicines in Social care Guidance 2016-11-17](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643)

1. If planned emergency administration may be required in a non-service non-domestic homecare setting bythe trained carer/worker, they should have with them their authorisation and permission to carry and administer the drug and the means of recording administration. They should carry the drug securely on their person at all times unless in a community setting which has readily accessible, lockable medication storage and a system for recording this, with the key holder available for the duration of the visit. The carer/worker should know what to do in case of loss.
2. The storage for controlled drugs should be separate to other medication storage.
3. Storage of controlled drugs in a residential care home. The legislation does not apply to children’s services. However, any person, such as the manager of a children’s home or a teacher in a school, must keep the controlled drugs in a locked receptacle that can only be opened by them or a person authorised by them.
4. For all adult care homes (with and without nursing) specifications of cabinets and safes are set out in [The Misuse of Drugs (Safe Custody) Regulations 1973](http://www.legislation.gov.uk/uksi/1973/798/schedule/2/made) which should be regarded as a minimum standard for the storage of controlled drugs, in all care homes (with and without nursing), for all residents’ controlled drugs that are held in a central location within the care home. Controlled drugs cupboards should meet British Standard BS2881:1989 security level 1[[10]](#footnote-10). These may be followed by children’s services residential settings if they normally, regularly hold controlled drugs.
5. Residential social care settings for adults should keep a separate record of the receipt, administration and disposal of controlled drugs. It is good practice for records of this type to be kept in children’s homes.
	* Administration should be recorded both on the MAR and in the Controlled Drugs record book.
	* These records must be kept in a bound book with numbered pages
	* There should be a separate page for each controlled drug for each person
	* Include the balance remaining for each product. This should be checked against the amount in the pack or bottle at each administration and also on a regular basis, e.g. monthly.
6. In a domestic care setting (family placement) controlled drugs must be kept in locked storage inaccessible to children and young people. If care in the persons own home then the service should aim with the family for good safe storage practice.
7. Advice from a pharmacist must be obtained and followed if a controlled drug needs disposal. Services must not dispose of a controlled drug themselves.
8. A licence is required for the handling of schedule 1 controlled drugs so where a service has to take possession of such it should only be for the purpose of handing to the police for disposal. Services anticipating this should have a locally agreed protocol.

See [**Substance Misuse**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=241913132&objAction=browse)

[Misuse of Drugs Act 1971](http://www.legislation.gov.uk/ukpga/1971/38/contents)

[The Misuse of Drugs Regulations 2001](http://www.legislation.gov.uk/uksi/2001/3998/contents/made)

<http://www.legislation.gov.uk/uksi/2003/2429/pdfs/uksi_20032429_en.pdf>

<http://www.legislation.gov.uk/uksi/2014/3277/pdfs/uksi_20143277_en.pdf>

[Circular 001/2015: A Change to the Misuse of Drugs Act 1971: control of AH-7921, LSD–related compounds, tryptamines, and rescheduling of GHB - Publications - GOV.UK](https://www.gov.uk/government/publications/circular-0012015-a-change-to-the-misuse-of-drugs-act-1971-control-of-ah-7921-lsd-related-compounds-tryptamines-and-rescheduling-of-ghb)

[Misuse of Drugs Legislations | Pharmacy | DHSSPS (NI)](http://www.dhsspsni.gov.uk/mdl)

##### **04 Health Care plans for service users - Further Information**

[**Health Form 03 (G) Health Care Plan for a Child who requires Medication, Invasive Clinical Care, Intimate Care and/or Therapeutic Massage**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148205193&objAction=viewheader)

Health Policy Definitions [**Care Plan Looked after Child; Individual Health Plan**](#_Individual_Health_Plan) and Health Policy [**Plans Children and Young People**](#_Plans_Children_and) and Health Procedures [**3 Individual Health and Care Plans and Delegation of authority by a responsible LA or Trust (NI) & Delegation of authority (England)**](#_3_Individual_Health)

1. If the child or young person is looked after or accommodated by Barnardo’s or has a medical condition or needs invasive clinical care a health care plan must be in place.
2. The plan should be agreed by the child or young person if of sufficient age and understanding, those with parental responsibility and the health personnel involved.
3. It must lay out clearly the health interventions which the service might give along with other relevant information to facilitate and support the service in this.
4. It must be reviewed regularly and updated if there is a change before date of planned review and must include what to do if child or young person refuses medication or treatment.
5. Risk assessments must be completed.

##### **05 Health Forms**

Use generic and specialist health forms as appropriate [**Health Forms (includes Medication, Invasive, Intimate and Personal Care, Therapeutic Massage)**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148202430&objAction=browse&viewType=1)

[**Health Form 01 (G) Check list for responsible manager to use when negotiating joint arrangements with responsible health agency**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=148204189&objAction=viewheader)

[**Health Form 02 (G) Example Health Assessment Form. To complete with parent/s or other person/s with parental responsibility**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148204385&objAction=viewheader)**;**

[**Health Form 03 (G) Health Care Plan for a Child who requires Medication, Invasive Clinical Care, Intimate Care and/or Therapeutic Massage**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148205193&objAction=viewheader)**;**

[**Health Form 04 (G) Parental Consent for Service or Carer to administer Medication or carry out an Invasive Clinical Procedure or Intimate Care or Therapeutic Massage**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148203930&objAction=viewheader)

[**Health Form 05 ((M/ICP) Guidelines for Administration of Rectal Diazepam or Intra-Nasal/Buccal Midazolam in Epilepsy and Febrile Convulsions for non-health care staff and non-parent carers**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148204690&objAction=viewheader)

[**Health Form 06 (G) Emergency Planning - Calling an Ambulance**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148203335&objAction=viewheader)

[**Health Form 07 (ICP) Staff, worker, carer training record for administration of an invasive clinical procedure**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205278&objAction=viewheader)

[**Health Form 08 (M/ICP) MAR chart - Medication Administration Record of each medicine given to an individual child**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148204404&objAction=viewheader)

[**Health Form 09 (ICP) Information - Example protocol/instruction for children requiring rectal diazepam or intra-nasal/buccal midazolam**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148235328&objAction=viewheader)

[**Health Form 10 (ICP) Check list for non-health care staff and non-parent carers administering an invasive clinical procedure**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148204725&objAction=viewheader)

[**Health Form 11 Epilepsy Seizure Record**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205396&objAction=viewheader)

[**Health Form 12 (M/ICP) Individual child record of use of rectal diazepam or intra-nasal or buccal midazolam**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148204519&objAction=viewheader)

[**Health Form 13 Example of Emergency PLAN and CONTACT information**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148204912&objAction=viewheader)

[**Health Form 14 (M) Children’s Service Manager agreement to administer medication or treatment where this is not ongoing in the service user plan**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148204618&objAction=viewheader)

[**Health Form 15 (M) Staff/worker/carer training record for the administration of medication (non-invasive procedure)**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148204499&objAction=viewheader)

[**Health Form 16 (M) Record of all medication received and returned by the service**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205000&objAction=viewheader)

[**Health Form 17 (M) Record of medication/treatments prescribed and dispensed or medication supplied for an individual child by the person with PR**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148202125&objAction=viewheader)

[**Health Form 18 (ICP) Record of each invasive clinical procedure administered to an individual child**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205029&objAction=viewheader)

[**Health Form 19 (M) Record of all medication administered by service or non-parent carer**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205382&objAction=viewheader)

[**Health Form 20 (M) Request for child or young person to carry their own medicine**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148204218&objAction=viewheader)

[**Health Form 21 (M) Service Record of each homely/over the counter medication held**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205488&objAction=viewheader)

[**Health Form 22 (IC/TM) Staff/worker/carer training record for Intimate Care/Therapeutic Massage when not an Invasive Clinical Procedure**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148203342&objAction=viewheader)**;**

[**Health Form 23 (IC) Record of each intimate care procedure administered to an individual child**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=148204456&objAction=viewheader)

##### **06 Invasive Clinical Procedures Further Information**

 Legal position of **carers and Barnardo’s personnel “duty of care”** Issues to consider when administering an Invasive Clinical Procedure:

**Trespass:** Any invasive procedure involves the legal tort of trespass to the person and requires either proper informed consent or specific justification. The policy of the law is always likely to be to discourage unqualified people from carrying out medical treatment unless it is essential and unavoidable. In such circumstances much depends on the state of medical advice and the needs and requirements of the individual client.

**Necessity:** A defence against a claim of assault is that the treatment was applied through necessity. Not only must there be necessity to act when it is not practicable to communicate with the assisted person but also the action must be such as a `reasonable person' would take, acting in the best interests of the assisted person. Intervention cannot be justified when another more appropriate person is available and willing to act, nor can it be justified when it is contrary to the known wishes of the assisted person, to the extent that he/she is capable of rationally forming such a wish. The starting point is that the treatment must be lawful in the first place. In law, every person is entitled to have their body left alone and any interference will be unlawful unless it is physical contact generally acceptable in the ordinary conduct of everyday life.

**Duty of care:** This is subject to the common law principle of the need to preserve life, health and well-being. If carers have undertaken the responsibility to provide care and protection they cannot simply stand by and do nothing in the knowledge that life threatening consequences may follow. The actual obligation will depend on the situation: it may be to call for medical assistance or it may be to apply medical treatment where more appropriate personnel or advice is not present or is unlikely to be present in time to save the person from harm. A duty of care is imposed on anyone who does take on the care of a 'helpless or infirm' person. If the duty of care is breached by a failure to take proper care there can be civil liability in negligence.

**Non-urgent situations:** The decision whether to give medical treatment has to be a medical judgement. If the person responding to a medical need does not have medical qualifications or relevant training, then no competent body of medical opinion would be likely to regard it as sensible for that person to intervene. Non-urgent treatment must be governed by approval by medically trained personnel. This can be given:

* + - on the spot by qualified personnel
		- by general approval to cover a type of situation
		- as specific approval in an individual instance.

The nature of the approval should be based on the Agreement between responsible Local Authority/Trust, Barnardo's, responsible Health Agency and bodies representing health qualified personnel which should outline the minimum standards expected in such approvals and which conditions they are to cover.

##### **07 Medicinal Gases – Oxygen Further Information**

1. Note permitted and non-permitted task lists in [**Guidance Invasive Clinical Procedures**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=235090784&objAction=viewheader)
2. Oxygen is prescribed for an individual child or young person.
3. If the child or young person is ventilated their care must be by suitably trained support workers if it is not being given by health personnel.
4. The service must be fully involved in the health planning if providing care or any other facility.

**Internal Information**

[Sample Risk Assessment for Oxygen Cylinders](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=16558483&objAction=viewheader)

[Transport of Service Users by Minibus and Car Guidance](http://livelink.barnardos.org/livelink91/livelink.exe/24054011/Transport_of_Service_Users_by_Minibus_and_Car.doc?func=Edit.Edit&nodeid=24054011&ReadOnly=True&VerNum=-2&viewType=1&nexturl=%2Flivelink91%2Flivelink%2Eexe%3Ffunc%3Dll%26objId%3D145772572%26objAction%3Dbrowse)

[H&S Safety Checklist Transport of Service Users by Minibus](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=34380414&objAction=download&viewType=1)

[Driving at work Guidance](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=141953553&objAction=browse)

**External Information**

DH commissioned Barnardo’s write guidance <http://www.barnardos.org.uk/from_hospital_to_home.pdf> “From hospital to home – Guidance on discharge management and community support for children using long term ventilation”. Published in 2005

<http://www.hse.gov.uk/pubns/hse8.pdf> Leaflet Take Care with Oxygen

[Vitalair-Homepage (BOC)](http://www.bocvitalair.co.uk/)

##### **08 Non-prescription medication or treatment (****non- prescribed/over the counter medication including those purchased (homely/household/ homeopathic/herbal remedies) Further Information**

[**Health Form 21 (M) Service Record of each homely/over the counter medication held**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148205488&objAction=viewheader)

[**Template for Service Health Plan Protocol**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=250871601&objAction=viewheader)

1. Statutory regulation and guidance may include information on non-prescribed medication, to be followed if a service is affected.
2. The setting’s policy on non-prescribed medication must be clearly explained as part of the service health protocol.
3. Unless in the child’s agreed health care plan, non-prescribed medication should not be administered without first assessing whether the child should stop attending the service until they no longer need this particular medication.
4. If a medication is available on prescription, the parent should be asked to obtain it as such.
5. Where the parent/carer considers non-prescribed medication necessary they should give the medicine before or after the child or young person’s session or come to the service to give it.
6. In exceptional circumstances, if it is assessed that it is in the child’s best interest to continue attendance and/or the parent cannot administer and insists non-prescribed medication be given the parents/s must provide written sanction from the child’s medical practitioner including that there are no contra indications with prescribed medication or any underlying condition. They must also give written permission and instruction. This includes time and dose of the last administration. Administration by the service must be in line with the manufacturer’s instructions. Concerns must be discussed with the parent and responsible manager and acted on if necessary. Administration must be recorded as if for prescribed medication.
7. The responsible Assistant Director must agree administration in these circumstances and should contact insurance section if this has not already happened in the planning for the particular child.
8. Whenever possible the parent/carer must be contacted by phone before each administration.
9. A procedure administration and recording of homely remedies and medicines must be developed.
10. **Residential settings** including residential special schools regularly giving non- prescribed/homely remedies must have a detailed protocol for staff to refer to. Each child must have recorded in their records permission for staff to administer first aid and non-prescription medication from a person with parental responsibility for them. For looked-after children, this permission must be sought and arranged by the child or young person’s social worker. Where appropriate, the child’s family should be involved in supporting their health needs as well as in providing permission for treatment
11. **Residential settings** - if it is necessary to have a supply of non-prescribed over the counter (homely) remedies an agreed list should be compiled with the general medical practitioner/s, pharmacist and the residential service/approved carer. Service users and those with parental authority should be consulted. Carers must have specific agreements with their service. These remedies must not interact adversely with prescribed medication.
12. [Handling of medicines in Social care Guidance 2016-11-17](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643) Minor Ailments Chapter 2 gives information about non-prescribed medication but it is directed at adults rather than children and young people where parental responsibility lies with their parents or the responsible authority.

##### **9 Prescribed Medication and Treatment Further Information**

###### **A On-going medication and treatment A child or young person on regular, long-term medication/treatment e.g. for diabetes, epilepsy, asthma or a life threatening or life limiting condition, or who is prescribed emergency medication e.g. for life threatening allergic reaction, epilepsy.**

###### **B Medication and treatment for short term illness A child or young person with a prescribed medication/treatment for a current illness**

###### **C Dispensing prescribed supplements and vitamins A service e.g. a Children’s Centre may be required as part of its contract to dispense prescribed supplements and vitamins to expectant mothers, babies and infants.**

###### **A & B On-going medication and treatment & B Medication and treatment for short term illness**

1. Wherever possible medication/treatment should be administered by parent or carer before the child arrives at the service or after they leave and the parent/carer should be encouraged to ask their practitioner to prescribe so this is possible.
2. The time and amount of last dose, dated, signed and witnessed (where applicable) should be supplied each time the child moves between their parent and care by the service and other services and vice versa.
3. Preparation of medication [dose] should be witnessed and recorded according to the regulatory requirements of the service.
4. **Short breaks** the service should consider asking those with parental responsibility and the medical practitioner to supply a prescription/s to cover the short break episode.
5. Circumstances, if medication given in an emergency, must be clearly recorded.
6. Specialist and invasive techniques have traditionally been undertaken by registered nurses unless the task has been specifically delegated by a community nurse to a lay carer and training given. Examples (not exhaustive list) include sub-cutaneous injection of insulin, medicines administered by the rectal or vaginal route, giving oxygen, giving medicines through a Percutaneous Endoscopic Gastrostomy (PEG) tube. Invasive Clinical Procedures of [**Health Policy**](http://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=228426898&objAction=viewheader) must be followed.
7. If treatment involves equipment such as a splint or eye patch the parent should supply it in a fit state with covering information from the practitioner prescribing. Staff should be clearly instructed in use and this should be explained to and understood by the child if possible. Staff should not force an unwilling child to use equipment or be treated.

###### [**C Dispensing prescribed supplements and vitamins**](http://livelink.barnardos.org.uk/otcsdav/nodes//Template%20for%20Service%20Health%20Plan%20Protocol%20%28linked%29.docx)

1. If a service e.g. a Children’s Centre is required, as part of its contract to dispense prescribed supplements and vitamins to expectant mothers, babies and infants this must be specifically agreed by the responsible ADCS and the service must have an acceptable protocol for doing this provided by and agreed with the responsible body. This protocol must include risk assessment; named person; training; storage; ordering, delivery and disposal of out of date stock; record keeping; paperwork (authorisation letter) required of those receiving the supplements or vitamins with written assurance within each authorisation letter issued by the responsible body that the supplement or vitamin has been properly prescribed for the individual/baby/infant and that the individual understands how and what to administer to themselves or their child. Barnardo’s workers must not advise on dosage or administration other than to reiterate the already freely available information that is written on the packet or already provided to the parent by the responsible body.

##### **Self-administration of medication or treatment** **by child or young person Further Information**

[**Health Form 20 (M) Request for child or young person to carry their own medicine**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=148204218&objAction=viewheader)

1. Some young people will have responsibility for some or all of their own medicines including invasive care procedures (E.g. diabetes monitoring including blood tests, medication to manage diabetes, epilepsy and allergies and using inhalers). This means they will need to carry their medication or have ready access to what they need.
2. The person/agency with parental responsibility should tell the service what their young person is taking responsibility for and this should be agreed by the Children’s Service Manager for the time the child or young person is in Barnardo’s charge. The health care plan should make clear where responsibility lies between the service, young person and those with parental responsibility and the risk assessment should include this.
3. Where there is no health care plan any concerns must be discussed with the parent and a health care professional. Concerns might be about the ability of a child or young person to be responsible for looking after and administering medication or the type of medication.
4. In residential or other care settings the young person should use their lockable storage space to keep their medicine except that which they need to carry for emergency administration.
5. Children who wish to keep and take their own medication should be supported to, if they are able to do so safely. Staff should be mindful that children holding their own prescribed medication must only use it for themselves in accordance with the prescription.
6. If medicine needs to be kept in a refrigerator the young person should have access with a decision about whether or not this needs to be supervised.
7. It should be discussed and agreed with the young person how they like to be reminded if Barnardo’s personnel think they have forgotten medication or treatment.
8. Young people should know what staff or carers would do if they deliberately took too much or too little medication.[**H7 Self harm**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=240222721&objAction=browse&viewType=1)
9. Risk assessments should include self-administration of medicines.
10. Where medication is self-managed the young person should have their own lockable storage. If special storage e.g. in a refrigerator, is needed the young person should have access.
11. Young people must be able to ask for help about ordering and collecting prescriptions.
12. If a young person needs to have medication or treatment given to them this must be done in a way that respects their dignity and privacy and follows the service’s confidentiality statement.
13. If staff or carers cannot answer a query about medication they will help the young person to get advice from a medical or pharmaceutical practitioner.
14. Recording administration should help check that a child or young person only receives the medication prescribed for them. See [**2 Recording Medication**](#_2_Recording_Medication)

##### **11 Storage of Medicines and equipment Further Information**

See also [**03 Controlled Medicines (Drugs) including storage of controlled drugs Further Information**](#_03_Controlled_Medicines)

1. If medicine needs cold storage this can be in a domestic refrigerator. The medication in its original container should be placed in a labelled airtight container. Consideration should be given to having a separate refrigerator for medication as part of the secure storage area. If this is not possible arrangements to ensure the medicine can only be accessed by those with permission to administer must be in place.
2. Where staff or carers are responsible, the storage area should be secure and maintained at a suitable temperature.
3. Storage should be of suitable size to store medicine and any other prescribed equipment, treatments, dressings and supplements.
4. Where possible, storage should not be used for storing non-clinical products.
5. There should be sufficient space to keep medicines for individuals separate.
6. Medicines must be kept for each individual in a separate labelled airtight container in the original packaging.
7. Access to the key to the storage area should be restricted to authorised personnel or the child’s carer.
8. In residential settings or schools the key should **not** be part of the master access to the building set.
9. In residential settings the kitchen, bathroom, toilet or sluice or next to heaters are classified as **not** suitable for the storage of medicines.
10. In a domestic setting there may not be space to avoid this but medicine should not be stored at the wrong temperature or in high humidity.
11. Medicine storage must be off the floor.
12. Staff and volunteers in school, residential, day care or any setting where service users use the premises must keep any medication prescribed for them (members of staff) inaccessible to service users i.e. locked office, locked cabinet or locker.

##### 12 Trips and outings **Further Information**

(See also [**03 Controlled Medicines (Drugs) including storage of controlled drugs Further Information**](#_03_Controlled_Medicines) and [**04 Medical Emergencies Further Information**](#_04_Medical_Emergencies))

1. The required number of workers trained in first aid should take part. [b-hive - First aid procedure](http://b-hive.barnardos.org.uk/Interact/Pages/Content/Document.aspx?id=2130)
2. H&S guidance should be followed and risk assessments should be done.
3. If a child or young person requiring an Invasive Clinical Procedure is taking part in outing or trip and either a planned or an emergency episode of care is likely, then a parent/carer/worker trained to carry out the procedure with the child or young person must be part of the trip. [**Procedure: Invasive Clinical Procedures**](#_Procedures) must be followed and provision made for a discreet, safe and hygienic setting for the procedure.
4. If Personal or Intimate care is required then [**Procedures Intimate and personal care**](#_Procedures_Intimate_and) must be followed and provision made for a discreet, safe and hygienic setting for the procedure.
5. For all children and young people contingency planning should include probable events e.g. travel sickness, headache, stomach upset and minor bump or scratch; contact details; permission for care staff to give first aid and obtain emergency treatment; contact details for the child’s GP or other medical practitioner. This all should be confirmed in writing for the individual child or young person.
6. If a child becomes ill or has an accident and it is not possible for their parent or guardian to assume responsibility and first aid is not sufficient, then medical advice must be sought. In any event the parent or guardian must be informed as soon as possible. A record should be made of medical advice if given by phone and of emergency medical treatment given including medication. The medical practitioner who attends the child should take the child’s GP details and inform the GP of what they have done.
7. Health professionals are responsible for decisions about medical treatment when the parent or agency with parental responsibility is not available. In some cases a carer might have delegated authority from the **agency** with parental responsibility, for clearly delineated areas of health care decision making. See [**3 Individual Health and Care Plans and Delegation of authority by a responsible LA or Trust (NI) & Delegation of authority (England)**](#_3_Individual_Health)
8. If there is prescribed medication to deal with a medical emergency this should be administered and a record made.
9. If advice is that non-prescribed medication could be given this should be agreed with the parent or guardian and a record made.
10. Consideration should be given where possible to the child going home.
11. [Health & Safety Policies](http://livelink.barnardos.org/livelink91/livelink.exe/fetch/2000/7537719/12649304/12649308/11740515/13740935/customview.html?func=ll&objId=13740935&objAction=browse&sort=name&viewType=1) – go to Holidays, trips and Insurance with links to specific guidance [Holidays, Trips and Non-Routine Activities](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=141953105&objAction=browse&sort=name&viewType=1)

### Compliance

[Establishes the means by which adherence to the policy and procedure will be monitored]

1. Monitoring of Service Health Plan and its implementation by Responsible Assistant Director or equivalent

2. External regulatory inspection

3. Health and Safety Audit

### Document History

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| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment** |
|  |  |  |  |  |
| 3 | 05/03/18 | Jane Berkin | Reviewed |  |
| 2 | 20/12/16 | Jane Berkin | Final | CSMT sign off 01/02/2017 |
| 1 | 01/09/12 | Jane Berkin | Final | Previous version was 4 separate policies |

1. The administration of some rectal medications is on the permitted task list in Meeting Health Needs in Education and other Community Settings RCN 2017 see [Guidance - Invasive Clinical Procedures](#Guidance - Invasive Clinical Procedures) [↑](#footnote-ref-1)
2. Parenteral feeding is a Personal care Activity in the Health and Social Care Act 2OO8 (Regulated Activities) Regulations 2014 which govern CQC registered service. Types of parenteral feeding are included on the permitted task list (Invasive clinical procedures) in Managing Children with health care needs; delegation of clinical procedures, training, accountability and governance issues RCN 2012 see [Guidance - Invasive Clinical Procedures](#Guidance - Invasive Clinical Procedures). [↑](#footnote-ref-2)
3. This enables services routinely working with children with complex health needs to have a more detailed document than those services working with children who may need medication or intimate care on only on an intermittent basis. [↑](#footnote-ref-3)
4. Intimate and Personal care guidance is based on Chapter 3 of The Dignity of Risk. Published 2004 by the Council for Disabled Children [↑](#footnote-ref-4)
5. **Framework** - **Choice and Consent** Massage should never be administered routinely. A child's wishes must not be followed if by following them Barnardo's ability to protect the child from abuse is compromised.

**Normalisation** Usually people who would like a massage go to a natural health clinic, beauty salon, or sports centre or visit a massage therapist in their own home. Subject to the constraints in Trusting and Safe Relationships and actions stemming from this, children and young people with whom we are working should use the same services and venues in the community as everyone else.

**Respect** Children and young people particularly those with learning disabilities can experience frustration at not being listened to and of having limited control over their lives and it is likely massage will not be therapeutic in these circumstances.

**Benefit** The intended benefit must be assessed.

**Trusting and Safe Relationships** A child or young person agreeing to therapeutic massage enters into a trusting relationship with the therapist, which relationship can develop during the therapy and provide a good basis from which other benefits, cognitive and affective, can accrue.

**Recording** All sessions must be recorded on the child's case record. [↑](#footnote-ref-5)
6. “Meeting Health Needs in Educational and other Community Settings A guide for nurses caring for Children ND Young People” Issued by RCN January 2018 To read download the [document here](http://www.rcn.org.uk/__data/assets/pdf_file/0013/254200/RCN_Managing_children_with_health_care_needs_delegation_of_clinical_procedures_training_accountability_and_governance_issues_2012_v2.pdf) (106KB PDF) [↑](#footnote-ref-6)
7. Routine tracheostomy changes provide an opportunity for a registered practitioner to assess carer competency while also undertaking an assessment of the tracheostomy site [↑](#footnote-ref-7)
8. In response to the NPSA guidance (2010) regarding the replacement of gastronomy devices the RCN recommends that only registered nurses may replace and confirm placement of gastronomy devices (gastronomy tube or low profile balloon). [↑](#footnote-ref-8)
9. Ditto [↑](#footnote-ref-9)
10. The Safe Custody Regulations specify the quality, construction, method of fixing and lock and key for the cupboard. In brief, the requirements for Controlled Drug (CD) storage are: CDs should be stored in a cabinet or safe, locked with a key or digital lock. The cabinet or safe should be made of metal with suitable hinges and fixed to a wall or the floor with rag bolts that are not accessible from outside the cabinet. The walls of the room should be constructed to be suitable thickness using suitable materials. The security of the location also needs careful consideration. For safe practice the CD cupboards should only be used for the storage of CDs. Only those with authorised access should hold keys to the CD cupboard. Suppliers of CD cabinets can confirm that a cupboard meets the legal requirements and it is recommended that care homes request formal confirmation when purchasing a CD cabinet. [↑](#footnote-ref-10)