**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**‘Homely remedies’, ‘Over the Counter’ and non-prescribed medication**

* Many children living in WSCC children’s homes have ongoing health needs that require effective clinical oversight and clear accountability around making decisions.
* Alongside this, most children will present with occasional illnesses that are “self-limiting”; in other words, minor illnesses that will resolve themselves within a few days, or need a short course of treatment with a medicine that does not require a prescription.
* Non –prescribed medication is also known as ‘homely remedies’ and ‘Over the Counter’ (OTC) medication and can be purchased from a range of pharmacies and local supermarkets without the need for a prescription.
* Illnesses that may require OTC medication include:

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| Sore throat  | Cold sores | Conjunctivitis  | Coughs and colds  |
| Dandruff  | Dry eyes  | Ear wax | Head lice |
| Indigestion  | Occasional constipation | Occasional migraine  | Insect bites and stings |
| Mild acne  | Mild dry skin | Mild to moderate hayfever | Minor burns or scalds |
| Minor aches  | Mouth ulcers  | Athletes foot / ring worm | Travel sickness  |
| Warts and verrucaes | Mild toothache  | Sun burn  | Haemorrhoids |

**Administering OTC medication to children looked after in WSCC children’s homes**

* As corporate parents to children living in WSCC children’s homes, residential staff are permitted to administer OTC medications to children without a prescription.
* However, the only products that can be administered without a prescription are those listed below and only where there is written consent in place from the parent/carer or person with Parental Responsibility and the child’s General Practitioner – see Appendix 1.
* For all homely remedy and self-care medication guidance, staff should seek advice from their community pharmacist in the first instance. If further advice is required, consider contacting your practice pharmacist, GP or NHS 111.
* When assessing the suitability of a homely remedy, it should be taken into account what medicines are already prescribed. For example, paracetamol should **not** be given as a homely remedy if the child is already receiving prescribed paracetamol or paracetamol-containing products. Other factors such as weight, kidney or liver function, medical and drug history should be taken into account. Consideration should also be given to any increased risk of side effects and interactions with the prescribed medication.
* The list of permitted OTC medications may not be administered for more than 48 hours without their being a consultation with a medical practitioner (or 24 hours if symptoms of diarrhoea are present and fluid intake is poor).
* The only exception to this 48 hour period is if a medical practitioner (GP, dentist, doctor, surgeon) has advised the use of a homely medication (for example painkillers) for a longer period of time or as a PRN treatment, but has not provided a prescription. In such circumstances staff must seek clarity as to how long treatment should continue. This should be recorded clearly in the young person’s health records. Staff should also follow any advice as to when further consultation may be required if a condition persists or deteriorates.
* If the resident is not examined by the GP but it has been agreed that treatment should continue, the GP should confirm in writing (e.g NHS email) that treatment is to continue.
* If the homely remedy is required for regular treatment, a prescription should be provided.
* Any expecting mothers should seek medical advice from a medical practitioner before taking any homely remedies.
* The patient’s symptoms should be assessed regularly to determine whether the medicine is still required before giving further doses.
* Permitted OTC medicines are as follows (brand names used for ease of reference only; non-branded items are permitted where they contain the same active ingredients):
* Paracetamol tablets 500 mg (12yrs and over)
* Calpol 6 Plus (6-12 yrs)
* Kwells
* Bonjela Teething Gel
* Simple linctus (paediatric)
* Kalms – herbal remedy
* Sudocrem
* Vaseline/Lypsyl
* E45 cream
* Strepsils / Lockets/ Soother
* Heyfever/ allergy
* Homely remedies can be purchased from a community pharmacy, supermarket or other store. A record should be kept of purchases made.

**Storage**

* Homes will hold a small amount of OTC medicines in their medication cupboard in their original packaging and will update the log on the Stock audit form for the named medication each time they are administered.
* A locked medicine cupboard or trolley is required for the storage of all homely remedies. They should be separated from all prescribed medicines and clearly marked as homely remedies.
* Medication should be stored at temperatures below 25˚C (unless stated otherwise by the manufacture), away from damp and strong light and in accordance with the patient information leaflet or any instructions on the packaging.

**Administration of OTC medication**

* Only staff who have completed Level 2 Administration of Medication training will be permitted to administer OTC medication to children. They must have been assessed as competent and ensure their training remains current.
* Staff should read and sign to confirm that they understand the homely remedies policy, and to acknowledge that they will be accountable for their actions.
* Where young people have the capacity to self-administer OTC medications, this will be encouraged at all times.
* Staff must complete a MAR sheet for the child with all OTC medication that has been administered. The reason for administering the medication should also be added to the MAR sheet
* It is essential that all medicines and dressings used are recorded to maintain accurate records and avoid possible overdosing.

**Checking Stock**

* When a dose of a homely remedy is given to a child, it must be logged out of the stock sheet and a running balance maintained so a clear audit trail of these items can be maintained.
* Stock should be counted every week to maintain an audit trail of usage and to check expiry dates.

**Expiry Dates**

* The expiry dates of all homely remedies must be checked regularly (at least every 6 months).
* All liquids and suspensions for internal use should have the date of opening recorded on the bottle. They should be discarded no longer than 6 months after this date.

**Links to related documents:**

Authorisation to Administer medicines under the Homely Remedies Protocol

Consent to Administer Homely Remedies

‘When Needed’ / PRN Medication

Medication Policy

First Aid and Medication