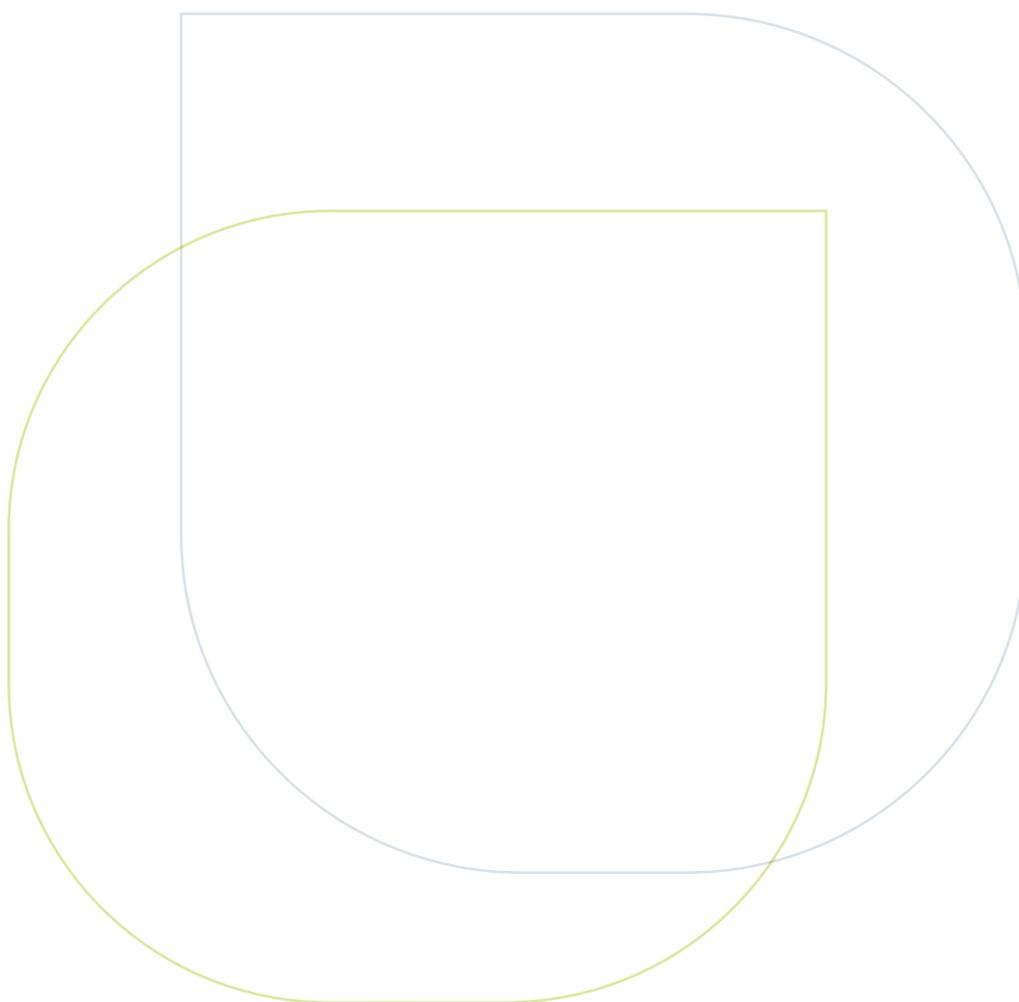
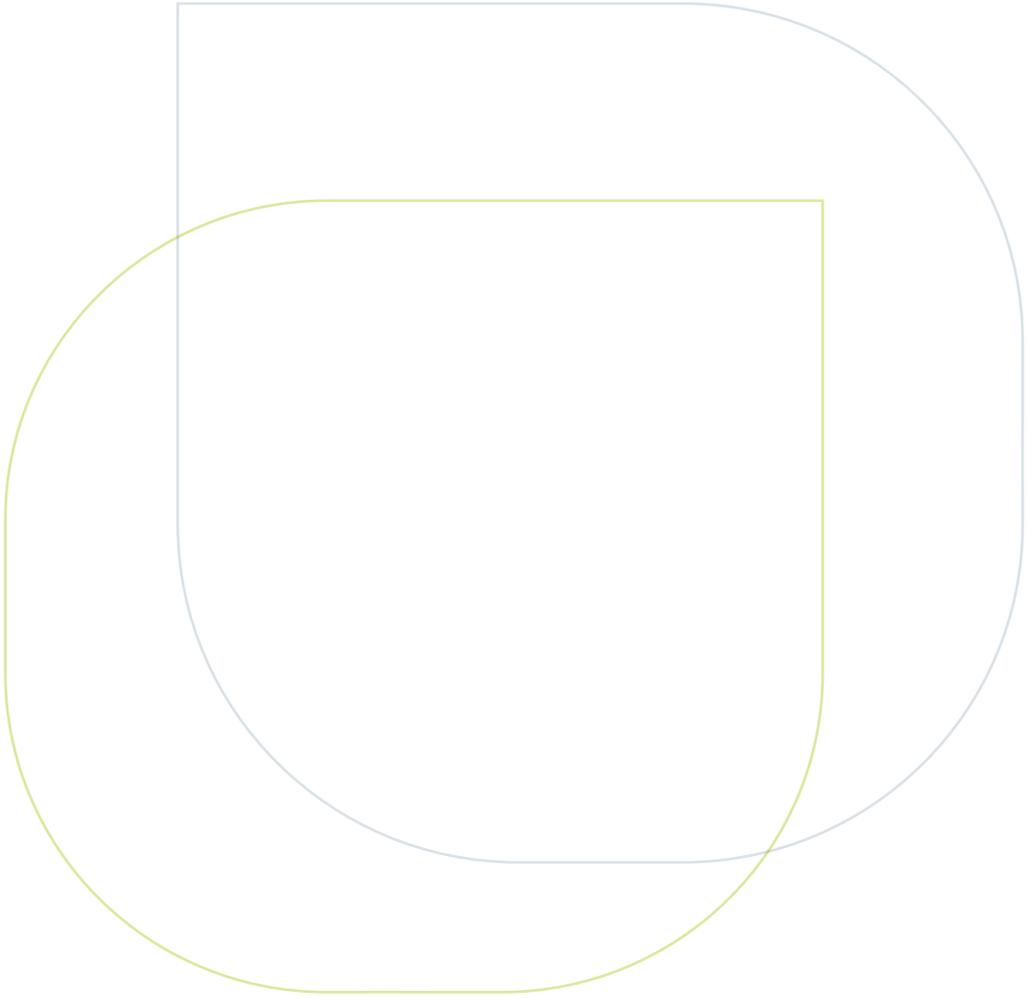


## Children Collecting Medicines from a Pharmacy - Professional Guidance

Version 1.0





## 1.0: Introduction

The following guidance is designed to assist pharmacists when they are asked to supply dispensed medicines to a child. For the purpose of this guidance, the term “child” is defined as anyone aged under 16 years.

The medicine may be intended for use by the child or may be collected by a child on behalf of another person, for example, a parent or guardian, other relative, family friend, neighbour, or persons whom they care for.

The pharmacist must decide on a case by case basis whether supplying the medication is appropriate. In making this decision, it is important to consider individual circumstances and to exercise professional judgement consistent with the professional standards of conduct, ethics and performance outlined by the Pharmaceutical Society NI's Code.

**<sup>1</sup>The Pharmaceutical Society NI: The Code, Professional Standards of Conduct, Ethics and Performance for Pharmacies in Northern Ireland (2016):**

**Standard 1: Treat those in your care with respect and dignity**

**Standard 2.1: Provide safe, effective and quality care**

**Standard 2.2: Manage risk**

If there is uncertainty about whether or not to supply the dispensed medications, the pharmacist may wish to consider a number of factors when making their determination:

Section 2.0: Their knowledge of the child

Section 3.0: The maturity of the child – Gillick Competency & Fraser Guidelines

Section 4.0: The nature of the medicine(s) being supplied

Section 5.0: Has a prior arrangement been put in place?

Section 6.0: What is the reason for collection?

Section 7.0: Is patient counselling required? Can it be facilitated?

Section 8.0: Are there concerns specific to the locality, with respect to the supply of dispensed medicines? i.e. information from the Police

Section 9.0: Can proof of identity be obtained?

<sup>1</sup> The Pharmaceutical Society NI (2016); “The Code: Professional Standards of Conduct, Ethics and Performance for Pharmacies in Northern Ireland”, <http://www.psn.org.uk/wp-content/uploads/2012/09/22504-PSNI-Code-of-Practice-Book-final.pdf>

**In the event of concern, a pharmacist may reserve the right to refuse to supply dispensed medicines to anyone under the age of 16 years without the presence of a parent/guardian, or appropriate adult; or alternatively, only by prior arrangement with the pharmacy.**

## **2.0: Knowledge of the child**

In determining whether or not to supply dispensed medicines to a child, the pharmacist may wish to consider whether the child is known to the pharmacy and what specific information is known about the child. For example, have they been supplied with this medication before? Do they regularly collect medication for another individual and if so, for whom?

<sup>2</sup>Pharmacists and pharmacy staff should also be fully cognisant of their responsibilities in respect of child protection legislation in Northern Ireland and child safeguarding.

## **3.0: Maturity of the child – Gillick Competency & Fraser Guidelines**

Under section 4 of the Age of Majority Act (Northern Ireland) 1969, patients aged 16 or 17 can provide consent to their own medical care, if they are deemed to be capable of making informed decisions. As with adults, you must be sure that the patient understands the implications of the proposed treatment and is giving consent voluntarily, before treatment is given.

Children under 16 can consent to medical treatment if they understand what is being proposed. The pharmacist must be satisfied that the child has the maturity and intelligence to fully understand the nature of the treatment, the options, the risks involved and the benefits. In this context, the terms <sup>3</sup>“Gillick Competent” and the Fraser Guidelines are often referred to. It is advisable that pharmacists should familiarise themselves with these judgements.

## **4.0: The nature of the medicine(s) being supplied**

The pharmacist should consider the specific nature of the medicine/s being supplied and whether there is the potential for the child to misuse the medicine/s. For example, particular caution should be exercised when dispensing opioid analgesics and drugs with a known “street value”.

<sup>2</sup> Safeguarding Board for Northern Ireland; [www.safeguardingni.org](http://www.safeguardingni.org)

<sup>3</sup> Gillick Competency & Fraser Guidelines; NSPCC Safeguarding & Child Protection: <https://learning.nspcc.org.uk/research-resources/briefings/gillick-competency-and-fraser-guidelines/>

### **5.0: Has a prior arrangement been put in place?**

Has a formal arrangement been made with the patient to permit the child to collect the medicine/s? Is this a regular activity?

### **6.0: What is the reason for collection?**

Is there a legitimate reason why the child is collecting the medicine/s from the pharmacy? For example, does the child have caring responsibilities for the patient? Are they collecting the medication because the patient has difficulty with mobility? Is the child required to self-medicate for a condition such as asthma or diabetes?

### **7.0: Is patient counselling required? Can it be facilitated?**

Consider whether the patient for whom the medication is intended, requires counselling. If so, how will this be facilitated? If the patient is the child, consider whether they are able to understand any advice or instruction required. Would it be more appropriate for a parent or guardian to be present?

### **8.0: Are there concerns specific to the locality?**

Be cognisant of any specific concerns in the area in which the pharmacy is located. For example, have the Police, other healthcare professionals, or local community groups, highlighted any matters of concern with respect to the supply of specific medication/s?

### **9.0: Can proof of identity be obtained?**

Children are unlikely to be able to supply a valid form of ID. While professional judgement can be used to determine whether or not supply is appropriate, pharmacists should give consideration to having a clear policy in place for the dispensing of class 2 controlled drugs to children not in possession of a valid form of ID and/or in the absence of a formal prior arrangement with the patient.

If developing a policy, it should encompass guidance on the procedure to be followed in the event of a decision not to supply the medicine and the consequences of this decision. In this regard, consider:

- Does anyone need to be contacted, or made aware of the decision?
- Who should do this and how?

**Always make a contemporaneous record, in the pharmacy, of any decisions made.**

## Conclusion

Pharmacists must exercise professional judgement at all times when dispensing medicines to a child. Consideration should be given to maturity and competency and to the ability to provide appropriate counselling on the specific medications dispensed.

In cases where medication is being collected by a child on behalf of another person, the pharmacist should consider whether a prior arrangement with the patient is appropriate, the nature of the drugs being dispensed and the ability to determine identity.

Pharmacists should also be cognisant of child protection and safeguarding requirements and any matters of concern and/or emerging issues, in their local area in respect of the abuse of drugs.

Children collecting medicines, is an area which pharmacists may wish to ensure is dealt with through the introduction and provision of clear policies, specific to the operating procedures of their pharmacy. The areas covered in this guidance may assist in the consideration and formation of these policies and procedures.

## Acknowledgements

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