

## Administration of Medication



<b><i>Policy Ratified on</i></b>	<b><i>Oct 2022</i></b> <b><i>Via GovernorHub</i></b>
<b><i>Signed Chair of Governors</i></b>	<b><i>Angela Wrighton</i></b>
<b><i>Signed Head Teacher</i></b>	<b><i>Sarah Young</i></b>

## Sidestrand Hall School and Residential

### Administration of Medication Policy

#### Index

Page

- 2. Introduction
- 3. Policy Aims and Objectives
- 3. Roles and Responsibilities
- 5. Principles of Good Practice and the Safe Handling of Medication
- 5. What is Meant by Medication
- 6. Use of Medications
- 7. Principles For Medications Brought into Sidestrand Hall School
- 8. Consent
- 8. Management of Medications
- 15. Hygiene and Infection Control
- 16. Security Breaches
- 16. Individual Health Care Plans
- 16. Administering Medicines
- 22. Record Keeping
- 23. Medication Errors
- 25. Audits
- 25. Medication Training
- 26. Educational / Offsite Visits

#### **Appendices**

- 1. Med 1 Form
- 2. RPS Handling of Medications in Social Care Guidance and Core Principles
- 3. Misadministration of Medication- What to do
- 4. Administration of an emergency Salbutamol Inhaler
- 5. Administration of rectal diazepam/Buccal Midazolam
- 6. Individual Health Care Plan
- 7. The 6 Rights of Medication Administration
- 8. Med 3 Form
- 9. Safe Administration of Medication
- 10. The Misadministration of Medication Form
- 11. Audit Checklist
- 12. Staff Competency Checklists
- 13. Procedures to ensure supply and storage of medication
- 14. Procedures for Record Keeping

15. Procedures for Disposal of Medication
16. Procedures for Self Administration of Medication
17. Procedures for Taking Verbal Orders for Medication Administration
18. Procedures for Medication Handling for Off-Site Activities

## **Introduction**

From time to time, the Headteacher will be asked by parents/carers to arrange for their child to be given medication during the school day or whilst staying overnight in one of the school's residential units. While the Headteacher will normally be willing to co-operate in any manner that will support the child's health and welfare it is necessary to ensure that where such requests are received appropriate arrangements are made to safeguard the interests of both staff and students.

Sidestrand Hall School strives to ensure compliance with the current relevant legislation and guidance in *Health Guidance for Schools and National Minimum Standards for Residential Special Schools*.

To ensure safe practice in managing medicines, the Administration of Medications Policy has been written in line with and adheres to:

- Royal Pharmaceutical Society -The Handling of Medicines in Social Care
- Medicines Act 1968
- Health and Social Care Act 2008
- Children's and Families Act 2014
- National Minimum Standards for Residential Special School Schools
- Department for Education - Supporting pupils at school with Medical Conditions 2014
- Department of Health -Guidance on the use of Salbutamol Inhalers in Schools
- Ofsted requirements and recommendations
- Misuse of Drugs Act (1971)
- Health and Safety at Work, etc. Act (1974)
- Children Act (1989)
- Workplace (Health, Safety and Welfare) Regulations (1992)
- Education Act (1996)
- Schools Standards and Framework Act (1998)
- Education (School Premises) Regulations (1999)
- Management of Health and Safety at Work Regulations (1999)
- Special Educational Needs and Disability Act (2001)
- Education Act (2002)
- Children Act (2004)
- Equality Act (2010)
- School Premises (England) Regulations (2012)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013)
- Data Protection Act (2018), and
- General Data Protection Regulations

Responsibility for all administration of medicines is held by the Headteacher but delegated to the Senior Teacher for Sensory/Medical and Complex Needs and the Residential Managers.

All medical information is treated confidentially by the responsible manager and members of staff. All administration of medicines is arranged and managed in accordance with the above documentation. All staff members have a duty of care to follow and co-operate with the requirements of this policy.

## **Policy Aims and Objectives**

At Sidestrand Hall School our administration of medicine requirements are achieved by establishing principles for safe practice in the management and administration of:

- prescribed medicines (including Controlled Drugs)
- non-prescribed medicines
- maintenance drugs
- emergency medicine

This policy will :

- provide clear guidance on the roles and responsibilities of all parties
- provide clear guidance to all staff on the administration of medicines
- ensure that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- ensure that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- ensure that students are supported appropriately with their medication.
- ensure that arrangements are put in place to support children with medical conditions.
- fully support the health and wellbeing of all students at Sidestrand Hall School.
- ensure the above provisions are clear and shared with all who may require them
- ensure that all involved staff administering medications are trained and assessed as competent

## **Roles and Responsibilities**

The Governing Body are responsible for overseeing the medical practices within the school. This includes ensuring that a functional policy is drawn up, is regularly checked and updated when necessary. They have an overview of the necessary skills and training staff need to administer medications including emergency medications and they ensure that staff receive this training.

The Headteacher has overall responsibility for any medications brought into the school and are administered by members of staff. The Headteacher and the school staff cannot be required to administer medication, but as persons in loco parentis they must take appropriate action when a student in their care is ill, to secure either the attendance of a parent/carer or of medical assistance.

When a parent/carer requests that medication be administered to their child at school the Headteacher will deal with the case sympathetically and on its merits. The Headteacher will consider all the circumstances of the case and have regard to the best interests of the student and the implications for the staff.

The Headteacher will ensure all staff are aware of the school's procedures with respect to the administration of medication. In the case of students with Complex Health Needs, staff who come into contact with that student will be made aware of the precautions that need to

be taken and the procedure for coping with an emergency. The Headteacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

### Parental Responsibilities

Parents/carers are responsible for making the school aware of their child's medical needs. This is done as part of the school's admissions process. However, should a child require medication after they have started at Sidestrand Hall School parents are able to request a MED 1 form (Appendix 1) from the school's reception office or download one from the school's website.

When accepting a residential placement parents will have the opportunity to discuss their child's medical needs with the residential manager or assigned Residential Care Officer (RCO).

Parents/carers should, wherever possible administer medication to their child before or after the school day. However, this might not always be practicable if, for example, the child's home is a considerable distance from the school or medication is prescribed during school or residential hours. In such a case, parents/carers may make a request for medication to be administered to the student in school. Where such a request is made to the school by parents/carers, it should be made using the Form MED 1 "Request for the School to Administer Prescribed Medication". If a parent/carer refuses to complete this form, the Headteacher will make it clear to the parent/carer (in writing) that the school is not prepared to administer medication.

Parents/carers should ensure the container (the pharmacy's original container) is clearly labelled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the Senior Teacher/ Residential Managers.

In cases where a student requires medication over long periods of time, any change in the dosage or other arrangements must be notified by parents/carers, in writing, to the school. A new Med 1 form must be completed to give consent.

The renewal of any medication, which has passed its expiry date, is the responsibility of the parents/carers. Expired medication will be sent home from school to the parents/carers promptly.

Parents should also assist in drawing up an Individual Health Care Plan (IHCP) which will help staff support their child at school.

### Staff Members

Staff who have received training in administration of medication should only administer a student's medication. **No other person should administer or handle medicines.** Staff members are under no obligation to administer medication and do so on a voluntary basis but by agreeing to do so must understand the gravity in the task they have undertaken. Staff

members must ensure they are up to date with their training and are familiar with the policy, the student's IHCP and other documentation which supplements the staff member's knowledge of the student's conditions and medication needs. They should work in a confidential manner but be alert to safeguarding concerns and know how to report these effectively. They are responsible for the safe and accurate storage and administration of medications.

### **Principles of Good Practice and the Safe Handling of Medication**

To ensure best practice across the whole setting, including offsite educational visits, Sidestrand Hall School has adopted the eight core principles relating to the safe and appropriate practice of handling medicines identified by The RPS Handling of Medicines in Social Care guidance (Appendix 2 ).

The Administration of Medication Policy will be reviewed on a regular basis by the policy lead to ensure that it reflects current working practice across all departments of the school and that it reflects relevant guidance and legislation. Staff will be made aware of any changes following the review process. All relevant staff are required to read the Administration of Medication Policy and to record their agreement to follow it. Staff will undergo regular competency assessments to ensure quality provision and best practice.

Prescribed medications are the property of the person to whom they have been prescribed for. Medication must be administered only to the individual whose name appears on the pharmacy label and according to the prescriber's instructions. The instructions must be clearly written on the pharmacy label by the prescriber.

Administration of medication will be delivered in a way that respects dignity, privacy, cultural and religious beliefs of the student. Confidentiality must be observed regarding the student's medical history and medication.

Medication should never be dispensed in advance of administration or dispensed for another person to administer to a student. In order to reduce the risk of medication errors, staff and students must be instructed not to disturb the person administering the medicines.

If there is any query or concern regarding a student's medication, then the medication should not be given and the Senior Teacher or Residential Manager must be consulted immediately.

Medication must be recorded and signed for by an appropriately trained staff member immediately after administration. Any misadministration of medication will be managed immediately following the policy guidance (Appendix 3).

All students taking medication should be monitored for changes in their condition which may be medication related e.g. allergies etc. The Senior Teacher should be kept informed and will disseminate this information to those directly concerned.

### **What is meant by Medication?**

The administration of medicines is the overall responsibility of parents/carers. The headteacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may include managing medicines where appropriate and agreed with parents/carers. Solely staff members who are fully trained and in date with their training are permitted to administer medication. The staff permitted to administer medication are able to give prescribed medications including Controlled Drugs, non-prescribed medications and

maintenance drugs. More site, person and medication specific training is required in the case of administering emergency medications, therefore only specifically trained staff members are able to administer this set of medications .

### **Prescribed medicines**

Prescribed medications are those which have been prescribed by a Medical Practitioner for either short term or long term use. It is our policy to manage prescribed medicines (eg. antibiotics, inhalers and Controlled Drugs) following consultation and agreement with, and written consent from the parents/carers.

### **Non-prescribed medicines**

Non-prescribed medicines are those not requiring a Medical or Dental Practitioner's prescription. Examples may include analgesics (Calpol/ paracetamol), milk of magnesia tablets or liquid, etc.

### **Maintenance drugs**

It is our policy to manage the administration of maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from parents/carers.

### **Non-Routine Administration (Emergency Medicine)**

Emergency Medications are those that have been specifically identified for use with an individual in an emergency situation. Examples of these are;

- injections of adrenaline for acute allergic reactions
- Buccal Midazolam for Epilepsy recovery
- Glucogel for diabetic hypoglycaemia

In all cases, professional training and guidance from an appropriate source will be received before commitment to such administration is accepted. Very often these medications will be administered with a first aider present.

### **Use of Medications**

The main sets of circumstances in which requests may be made to school staff to deal with the administration of prescribed medication to students at school are:

- Cases where students recovering from a short-term illness are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.
- Cases of chronic illness or long-term complaints such as asthma, or children with Complex Health Needs such as, diabetes, anaphylaxis or epilepsy.
- Cases where a student is prescribed medication for conditions such as Attention Deficit Hyperactivity Disorder or mental health conditions.

### **Short-Term Medical Needs**

Following a period of illness, a student's own doctor is the person best able to advise whether the student is fit to return to school, and it is for parents/carers to seek and obtain such advice as is necessary.

Many students will need to take medicines during the day at some time during their time in a school. This will usually be for a short period only, e.g. to finish a course of antibiotics. To allow students to do this will minimise the time that they need to be absent. However, such medicines should only be brought to school where it would be detrimental to a student's health if it were not administered during the day or their boarding evening/morning.

### **Long-Term Medical Needs**

It is important to have sufficient information about the medical condition of any student with long-term medical needs. School needs to know about any particular needs before a student is admitted, or when a student first develops a medical need. For students who attend hospital appointments regularly special arrangements may also be necessary.

An IHCP is developed for every student with a long-term medical need. This will be done involving the parents/carers and relevant health professionals. This will include:

- details of a student's condition
- special requirements, e.g. dietary needs, pre-activity precautions and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- who to contact in an emergency
- the role the staff can play

However, the school recognises that if a student does need to take medicine this may not be sufficient reason for that student to be deprived of a period of schooling, however short.

### **Complex Health Needs**

In the case of children with Complex Health Needs, school staff may feel reluctant to provide certain treatments, for example, the administration of rectal Valium, assistance with catheters, or the use of equipment for children with tracheostomies. There is no requirement for the Headteacher or staff to undertake these responsibilities. However, the number of such cases will be very small, early identification and careful planning by the relevant Health Authority will result in detailed discussion with the school and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case. An IHCP will be set up with the school, parents and medical professionals outlining the support that the student needs.

### **Principles for Medicines Brought into Sidestrand Hall School**

All medicines brought into the school or residential provision must be in the original pharmacy labelled container with clear instructions from the prescriber.

A completed Med1 form or letter from the parents/carers must accompany the medication, giving full administration instructions - including when the last dose was given (if applicable).

All medicines brought in must be handed immediately to the residential staff or the School medical team for safe storage.

Medication received into the residential/school must be recorded immediately on arrival. The Senior Teacher or Residential Manager must be contacted immediately if there is any doubt over the medication received or it is not in the original packaging.



Staff will only administer medication from individual pharmacy-labelled containers. These will be dispensed by the pharmacist and prescribed to the student.

Residential Care officers and/or the HLTA with medical responsibility will be responsible for liaising with parents/carers, to ensure that required medication stocks are always available to students.

Liaison with parents/carers and/or the prescribing doctor is required for any changes or discrepancies in the medication.

Any medication that requires fridge storage must be placed in the drug fridge immediately.

## **Consent**

No student under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent. The only exception to this is in the exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents/carers (i.e. contraception pill). In such cases, every effort should be made to encourage the student to involve their parents/carers while respecting their right to confidentiality.

When the student starts at school/admitted into the residential setting, parents/carers will be requested to complete a medical form detailing any past medical history, current medical issues and treatment, any known allergies and past immunisations. If medication is featured as part of a student's care a Med 1 form is sent home to be completed by parents/carers.

Separate permission forms are also available for those students with diagnosed asthma or anaphylaxis and may require use of our emergency salbutamol inhaler or EpiPen. In addition, for residential student's parental consent will also be requested for administration of non-prescribed pain relief medication (Calpol, paracetamol tablets)

The parental consent for medication must be updated if there is any change to the student's medical history or treatment.

## **Management of Medications**

### **Prescribed Medicines**

Medicines should only be taken to school when essential; that is where it would be detrimental to a student's health if the medicine were not administered during the school day or during their residential stay.

School and residential staff should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

School and residential settings should never accept medicines that have been taken out of the container as originally dispensed.

The receiving member of staff will take responsibility for ensuring paperwork is accurate and signed by the parent and that the medication is stored correctly. Prescribed medications are stored in locked metal cabinets secured to the wall. The only exception to this requirement are emergency medications. These must be accessible but appropriately stored.

### **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

A child who has been prescribed a Controlled Drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. All Controlled Drugs must be in the original packaging, with a pharmacy label including; Name, date and correct dosage.

Controlled Drugs are subject to safe custody and must be stored in a locked cabinet reserved solely for medicines and secured to the wall or floor. Only named staff members have authorisation to access these cabinets. The key to this cabinet must be securely stored and only accessible to staff authorised to have access to it. Medicine keys must never be available to staff who are not authorised to administer medication. Combination locks should have their combination changed when necessary to maintain security i.e when an authorised person leaves the school.

During the school day, the medication rooms used for storing and administering medications are based in Key Stage Two, the main school corridor and the Sixth Form building. Students' medications are stored in the room in the department in which they work. Key safes in the medical rooms are used to keep keys locked away, but available for the cabinets. There is restrictive access to medicine cabinets to only authorised staff having codes to access the keys. Both residential settings have lockable medications cabinets in each area that students can have their medication dispensed from.

A record must be kept for audit and safety purposes. All Controlled Drugs brought onto the premises are individually counted, checked and countersigned into one of the medication cabinets. Each student has a record (bound book) for each controlled medication they have on site, this holds the information about the medication and current stock levels. Regular audits are carried out by the Senior Teacher for Medical Needs and/or the Residential Managers to ensure that there are no discrepancies in records and stock levels.

### **Record Keeping For Controlled Drugs – Legal Requirements**

Controlled Drug Records (CDR) will be kept in a bound book format. There must be a separate page for each strength & form of an individual drug. The front page of the Bound Book must specify the name, strength and form of the drug at the head of the page and all of the entries in that book must relate to that drug only. If a student takes several different medications they will have a book for each. Each entry in the book must be recorded in chronological order. Each entry must be legible and written in indelible ink. If a mistake is made then it should be crossed through with a single line so that it can still be read. It must then be initialled by the staff member making the alteration. The CDR must be kept on the

premises to which it relates. The CDR must be available for inspection by an authorised person. If the CDR is becoming to look well used and at risk of losing pages a new book should be started to prevent loss of information.

Administration of Controlled Drugs should be undertaken by an authorised and suitably trained member of staff and witnessed by a second appropriately trained member of staff. The member of staff who administers the Controlled Drug must check the name of the child, time, date, medication (name, form and strength) and dosage before administering the medication.

The staff member administering the medication is responsible for accurate entry completion of the student's controlled drug records (bound book). This should be done immediately after the student has taken their medication and, if possible, with the student still present. The witness must then check the details and countersign that the medication was administered and recorded correctly. There is an option for the student themselves to choose to sign. In addition, the balance of stock remaining must be counted and recorded. Any discrepancies must be reported to the Head of Care immediately.

CDs must be administered in a timely fashion in line with relevant legislation and local standard operating procedures.

Medication must not be left unattended or with an unsupervised student at any time.

Any complex dosage calculations should be double checked by a second member of staff.

A controlled drug, as with all medicines, should be returned to the parents/carers when no longer required to arrange for safe disposal. If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label) and the Controlled Drug records recording that action signed. Although the medications are the property of the student, it is best practice to pass the medications to the parent directly or to the supervising adult on the student's transport.

### **Non-Prescription (Over-the-Counter - OTC) Medicines**

Non-prescribed medication, commonly known as home remedies or over-the-counter (OTC) medicines, are used for the treatment of minor ailments. These are either provided by parents/carers or held in stock by school and residential units in the form of pain relief medicines (Calpol, paracetamol). OTC medications will not have a pharmacy label so should be administered in conjunction with the Individual Healthcare Plan ( IHCP) and/or Med 1 Form and any specific instructions for administration in medicine's Patient Information Leaflet.

Potential allergies must be checked before administration. It is the parent's responsibility to inform the school of any known allergies. Student's allergies are highlighted on the school's internal electronic system, Scholar Pack.

In general, non-prescription medicines should not normally be administered. However, examples may include analgesics (Paracetamol/Calpol) for pain relief if parental permission prior to administration is sought. If a student needs pain relief during the school day, a member of staff will call and speak directly to the student's parent before administering; unless written consent and administration information is sent in with the medication. As a courtesy, this also happens during the evening should a student need pain relief during their residential stay. However, parents/carers complete a consent form on the student's admission to the residential provision which covers this eventuality and allows RCCOs to use

their judgement. Teaching staff will pass on any information to the RCCOs at the end of the school day to ensure that students are accurately cared for.

A child under 16 years of age should never be given medicine containing aspirin unless prescribed by a doctor. Medication for pain relief should never be administered without first checking the maximum dosage and when the previous dose was taken by the student.

Only Calpol, branded antihistamine and paracetamol tablets may be purchased by the staff. Authorisation for purchase of stock must first be obtained from the Senior Teacher or a Residential Managers.

***A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.***

For non-prescribed medications (including herbal products, homoeopathic remedies, Chinese medicines, supplements such as iron or vitamins) sent into the school by parents/carers, these must have a parental consent form signed and be authorised by the GP before administration, in case of any interaction with other medicines.

Before administering a non-prescribed medication to a student, staff must have completed administration of medication training.

Where a non-prescribed medicine is administered to a student, it must be recorded on a non-prescribed medication record and the parents/carers informed. If a student suffers regularly from acute pain, the parents/carers should be encouraged to refer the matter to the student's GP.

Records must be kept of non-prescribed medication given to a student including the name, form and strength of the medicine, dose, date and time given and reason. The record must be signed by the person who administers the medicine having witnessed that the medication has been taken.

An ongoing stock balance must be recorded for all non-prescribed medicines. The record details all the medicines received, medicines administered and any medicines that are returned.

At Sidestrand Hall School, non-prescription medicines are stored in the same way as prescribed medicines.

## **Wheat Bags**

At Sidestrand Hall School wheat bags are used for the specific purpose of reducing dysmenorrhea (menstrual cramps) as an alternative or in addition to giving Calpol. Exceptions to this are if heat therapy is used as part of a student's medical care and is stated on their IHCP. Wheat bags should not be kept in classrooms and are stored in the medical room and are managed by the HLTA for Medical Needs. Hot water bottles are **not** used in school, due to the risk of scalding.

When using a wheat bag it is important to check the manufacturer's instructions as often they require different heating times, depending on the wattage of the microwave and size of the bag. Staff must not exceed the heating recommendations.

Everyone has a different tolerance level to heat therefore skin sensitivity should be taken into account when using a wheat bag. The wheat bag should feel comfortable and warm without burning. The temperature must always be tested before applying to the body and when

heating a wheat bag for someone else, (especially the young or elderly) consider that the temperature they prefer may be lower than a healthy adult's.

### How to Apply Safely

- Heat in a microwave following the manufacturer's guidance (check the wattage of the microwave)
- DO NOT exceed heating times stated in the instructions for your particular size of wheat bag.
- DO NOT leave a wheat bag unattended whilst heating.
- DO NOT use a wheat bag if there is evidence of discolouration or charring.
- Make sure the wheat pack is wrapped in washable towelling and has sufficient layers to avoid burns before applying
- Apply over clothing
- DO NOT use a hot wheat bag as a bed warmer or under blankets in residential units.
- Do not leave student's who are non verbal or unable to remove the wheat bag themselves unsupervised whilst the wheat bag is applied.
- Leave on for 10 - 15 minutes and then remove.
- DO NOT fully reheat a wheat bag until it has completely cooled (this could take up to 2 hours).

### Emergency Medicines

Emergency medicines are the exception to the prescribed medication guidance set out in this policy. Medications which need quick access and administration such as Glucogel, Epipens and Salbutamol inhalers are not stored in the locked medication cabinets. Risk assessments are carried out in each individual's case and if it is deemed safe and appropriate they should be kept in the student's possession for easy access. Where this is not suitable the form tutor/ RCCO will take responsibility for storing it safely, but not locked away, and ensuring that the student and anyone working with them knows where it is stored. Should the student be moving around the site a judgement is to be made to whether the medication should go with them or is still 'within reach'.

Some medications are needed quickly, and you'll need to act fast. Under common law, every member of school staff has a duty of care to "act like any reasonably prudent parent". In an emergency this could be considered to include administering emergency medication – even if you haven't volunteered to do so. **All staff should have received basic emergency medical training for this reason.** However, there are named staff who are specifically trained in individual student's medical conditions and medications. Offsite visits will have an Emergency Medication Administrator assigned to the student who is responsible for the care and administration of the medication and general oversight of the student's wellbeing.

Spare supplies of Auto Injector Adrenaline (Epipens) and Salbutamol inhalers are kept in the Reception and Main House offices. These can be accessed 24 hours a day and are available to be used by trained staff on with students who have signed consent or are advised by 999 as part of an emergency call. (Appendix 4)

### Insulin

Unopened insulin products must be stored in the refrigerator. When needed, insulin should be left at room temperature for at least one-hour prior to administration. Once opened,

insulin can be safely stored at room temperature for up to 28 days or 6-weeks (depending on the manufacturer). Upon opening a new insulin product the date of opening must be marked on the container to allow for destruction after 28 days or 6 weeks, as appropriate. If opened insulin is brought into the school with the child it is essential to identify when it was opened to ensure it is safe to use. If this cannot be determined then the parent/carer must be asked to provide a new supply.

### **Emergency Epilepsy Medication**

Some children, parents/carers feel safer if a small supply medication, for use in emergencies, is held in school. If emergency medication is held at school, there will be an emergency treatment protocol for using it in the child's IHCP. The protocol can vary from child to child, but it will usually say that emergency medication is to be given if a seizure lasts 5 minutes, or 2 minutes longer than is usual for the child, or if there's a cluster of seizures without regaining consciousness in between. (Appendix 5)

In this situation an ambulance must always be called, whether or not emergency medication is given. There are two main treatments for emergencies - each is administered in a different way. Both are sedatives and help reduce the effects of a seizure by calming the brain.

**Midazolam** is the most commonly used. Midazolam for buccal administration to treat seizures is ordered as a Controlled Drug; however despite being a Schedule 3 preparation it does not need to be stored in a Controlled Drug cabinet. It should be stored safely and maybe carried by a member of staff when appropriate to allow for prompt administration in the event of a child experiencing a seizure.

Midazolam is a liquid which is trickled into the child's mouth between the side of their gums and their cheek and absorbed through the cheek lining (the buccal pocket). It's not intended to be swallowed, although it won't cause any harm if it is, however, it might not work as quickly.

The child's doctor will have prepared a dose which is calculated for their weight. It's provided in a pre-filled oral syringe.

- Check the expiry date.
- Put the syringe into the side of the child's mouth.
- If possible, divide the dose, so you give half into one cheek and the remaining half into the other cheek.
- Slowly push the plunger of the syringe down until the syringe is empty.
- Watch for any breathing difficulties.
- Confirm that the seizure has stopped.
- And then dispose of the syringe safely.

As with all Controlled Drugs, records must be kept for Midazolam and it should be signed in and out when brought on to the premises, taken off the premises (e.g school trip or end of term) or used. Staff working with the child are responsible for checking it is still in date and contacting parents when more is required.

The other treatment is **diazepam** which is administered rectally. Again, you won't need to work out the dose, it will be calculated and provided by their doctor.

Any medication held at school must be stored safely, out of sight and reach of children. It should be kept at room temperature and away from heat, bright light and out of direct sunlight. It's important to check expiry dates regularly and return expired medication to a pharmacy for disposal. Don't wash it down a sink, flush it down the toilet or throw it in the bin.

## **All Medications**

Where appropriate, students should know where their medicines are at all times and be able to access them immediately where appropriate. Students should be aware of who holds the key to the medicine cabinets.

Medication requiring fridge storage should be kept in the designated medication fridge and kept securely. There should be restricted access to a refrigerator holding medicines. The temperature of the fridge should be within the range of 2-8 degrees Celsius. The temperature for medication storage cabinets should be below 25 degrees Celsius.

## **School Closure**

If the school is to be closed for a lengthy period of time (such as during school summer holidays), any medicines belonging to students, including Controlled Drugs, must be removed from the premises by returning them to the appropriate parent/carer.

Medications must be signed and countersigned out of the medical cabinets and recorded in the student's bound books or Individual Medication Record sheets. Medications being sent home must be given directly to the responsible adult (Parent, Teacher/Teaching assistant, Taxi Passenger Assistant). Medication must NOT be given to the student to transport.

If medicines are no longer required then they must be disposed of appropriately.

## **Disposal of Medicines**

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

Disposal of medication will be necessary when:

- Medication is out of date
- A treatment course is completed, discontinued or no longer required
- The student has refused to take the medication
- The medicine has been "spoiled"

In these circumstances, it must be removed from the medication cabinet and returned to the parent's/carer's or community pharmacy. This must be documented.

No medication may be destroyed in the school/residential provision. Unwanted medication may not be placed in sharps boxes or down the sink or toilet. The only exception to this is for small doses of liquids which have been measured out for the student but which the student refuses. In this case, as the volume of liquid is small, it may be poured down the sink. A record of its destruction should be made on the medication record and the Senior Teacher/ Residential Managers should be notified.

Syringes and needles must be disposed of by placing them in the sharps box (should a student come in without their sharps box, a sharps box is located in the Main House Residential Manager's office). Sharps boxes should always be used for the disposal of needles. Parents/carers on prescription can obtain sharps boxes from the student's GP or paediatrician. Collection and disposal of the boxes should be arranged with the district council's environmental services.

## **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. See also guidance on [dealing with blood and body fluid spills](#) in guidance on [Control of Infection and Communicable Disease](#).

Before administering any medication the person administering the medication should wash their hands then again afterwards, between each student. An alcohol-based hand rub can be used in place of soap and water.

Gloves should not be worn as a replacement for handwashing. Hands should always be sanitised before gloves are worn (unless in an emergency situation where this would be to the time detriment of the student's health).

The person administering medication can opt to wear gloves while dispensing and giving any type of medication. Gloves should be readily available in all medication areas. However, to ensure that there is minimal risk of cross contamination and/or infection gloves should only be put on once the medical cabinet is opened and paperwork out. Records should be completed once gloves are removed.

When you are giving some types of medications, it is necessary to wear gloves. Gloves should be worn when administering:

- any medication where you could be in contact with a bodily fluid. e.g. eye drops, nose drops
- any therapeutically active cream
- any liquid hormones or cytotoxic medications

Gloves should be changed as soon as you have finished administering medications to the individual. Gloves must never be re-used for more than one individual and hands should be washed again after gloves are removed. Wearing gloves does not take away the need for handwashing. Only wear a pair of gloves to complete a specific task for a specific individual. Never wear the same pair of gloves for another task or with another individual.

## **Breach of Security**

Any incident must be reported immediately to the Headteacher or Deputy Headteacher. The breach must be investigated at the earliest opportunity to find out whether any medication has been tampered with or removed and how and when this may have happened. The headteacher will inform the police of any missing Controlled Drugs or if a theft has occurred.

## **Misplaced or Lost Medicines Keys**

Every effort must be made to find the keys immediately or to retrieve them from off-duty staff. Where the medicine keys are not found and medication is required the Head Teacher informed that the medication cabinet will need to be forcibly opened and a new lock fitted or a replacement cabinet ordered.



If there are grounds to believe that the medicine keys have been lost or stolen, ALL locks must be replaced and access codes to key safes changed.

### **Spare Sets of Medicine Keys**

A duplicate version of each medicine key should be kept securely in the Main House Office for school cabinets and in the Residential Manager's Office for residential cabinets where they will be held in the event that the usual key is unobtainable.

### **Individual Health Care Plan (IHCP)**

Medication may be required for a short period of time or just a single dose, in these cases a Med 1 Form- Parental/Headteacher Agreement for School/Setting to Administer Medicine completed by parents/carers is adequate to cover that need. However, for children with ongoing medical needs, it may be that medication or medical support is required for a longer term or on a continual basis. Those that have continuing health needs should have an Individual Health Care Plan (IHCP) that is reviewed annually or earlier if the child's needs change (Appendix 6).

Individual Health Care Plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on a child's case. The aim is to ensure that staff know how to support the individual student effectively and to provide clarity about what needs to be done, when and by whom.

The following information should be recorded in the IHCP:

- Medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs including medication (dose, side effects and storage), other treatments, testing, access to food and drink, dietary requirements, environmental issues etc.
- Specific support for student's educational, social and emotional needs
- Level of support needed to manage the condition (including in emergency situations)
- Who will provide the support (including training)
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents/carers for medication to be administered by staff or self-administered by the student
- Separate arrangements for school trips, outings and activities
- Confidentiality issues
- What to do in an emergency
- If parents/carers have consented to emergency use of salbutamol where appropriate.
- Actions to be taken if a student refuses to take their medication

If a student has a medical condition, in addition to the details in the IHCP, the procedures in the guidance "Supporting pupils at school with medical conditions" must be followed.

It is important for staff to be guided by the child's GP or Paediatrician. Staff should agree with parents/carers how often they should jointly review the health care plan. It is sensible to

do this at least once a year, but much depends on the nature of the student's particular needs; some would need reviewing more frequently.

Staff should judge each student's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

In addition to input from the school health service, the student's GP or other health professionals, those who may need to contribute to a health care plan include: - the Headteacher, the parents/carers; the student (if appropriate); class teacher/form tutor; pastoral lead; residential staff or support staff; staff trained to administer medicines.

IHCPs are reviewed at the beginning of each academic year and again as part of the student's EHCP review. Should there be any change to the student's medical condition, medication or care at any other points in the year parents/carers need to contact the student's form tutor who will inform the relevant staff to update the IHCP.

### **Administering Medicines**

No child under 16 should be given medicines without their parent's/carers written consent.

Medication must be administered in accordance with the prescriber's instructions, as printed on the pharmacy label. Non-prescribed medicines will not have a pharmacy label and should be administered using details from packaging information leaflet. The patient information leaflet should also be used for administration information.

Known allergies must be checked before administration of medication. Parents/carers are responsible for providing updated information. A medical update form is sent out annually to parents which is then added to our central records on Scholar Pack.

The pharmacy medicine label must not be altered under any circumstance. Medication must not be given if the pharmacy label is detached from the original container or is illegible. Advice from the Senior Teacher or Residential Manager must be obtained.

Medication must not be transferred from one container to another or secondary administered.

The 6 Rights of Administration must be applied to all medication:

- Right student
- Right medicine
- Right dose
- Right time
- Right route
- Right to refuse

(Appendix 7)

PRN (taken when required) medication must be administered in accordance with the prescriber's instructions (details found in the student's IHCP). The instructions should include the following - the name and the reason for the medication, dosage criteria i.e. how and when the medication should be given, how often it may be repeated and any maximum quantity that may be administered in a 24-hour period. Details should also include how the decision is reached about when and how to give the medication, any actions to be taken prior to administration, actions to be taken post-administration, expected outcomes and follow up actions.

Staff should record that medication has been administered to a student immediately after the medication has been given. It is essential that the staff member witnesses that the student has taken the medication.

Containers of medication such as eye drops, creams & liquids should be marked with the opening date due to limited expiry dates.

Disposable gloves must be worn for application of creams and ointments.

Medication should not be given if:

- The pharmacy label is difficult to read
- A significant change in the child's physical or emotional condition is observed
- The 6 Rights of Administration cannot be verified
- There are any doubts or concerns

If in doubt about any procedure staff should not administer the medicines but check with the parents/carers or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular student, the issue should be discussed with the parents/carers, if appropriate, or with a relevant health professional.

Medication must never be crushed, broken or mixed with food and drink unless it is designed for that purpose or it has been specifically authorised in writing by a healthcare professional to do so.

All liquids must be shaken prior to administration. Liquid dose measurements must be undertaken with accuracy. A 5ml oral syringe should be used, where possible, for doses less than 5ml.

### **Procedure for Administration**

Only staff who have received training in Administration of Medication can administer medication to a student. Emergency medications often require specific training and should be updated annually by a trained medical professional.

Two members of staff are required to administer medication, complete and sign records. The second member of staff acts as a witness to the administration procedure.

Staff and students must be instructed not to disturb the persons administering the medicines, to reduce the risk of medication errors.

Administration of medication will be delivered in a way that respects dignity, privacy, cultural and religious beliefs of the student.

Confidentiality must be observed regarding the student's medical history and medication.

If there is any query or concern regarding a student's medication, then the medication should not be given and the Senior Teacher/ Residential Managers must be consulted immediately.

Staff to follow procedures set out in Appendix 8.

As well as following the 6 Rights of Administration, there are some other things to consider before medication is handled:

- **Basic Hygiene** – Always wash your hands before dispensing or administering medication and always wear gloves when you apply creams.

- You should also use a different measure for each child – so have more than one **clean** medicine spoon or measuring cup available.
- **Water** – Swallowing tablets is much easier with water, it also helps get rid of any nasty tastes. Cool water only should be offered as hot or fizzy drinks can make it harder to swallow, and even affect how well medication works.
- **Measuring** – There are a number of ways to measure out liquid medicine –how you do it depends on how much you need to give. There are oral syringes for smaller doses and medicine spoons and measuring cups for larger amounts.
- **Never** administer medicine to more than one child at a time
- **Never** give out medicine in advance
- **Never** leave medicine unattended
- **Never** give medicine to an unqualified person to administer.

How a medicine is administered will have an effect on how it needs to be prepared and what training is needed to have been completed. Medicines can either be given Orally or Topically. Oral medications are taken through the mouth, they include: Tablets (pills and capsules), liquids, and lozenges. Instructions for oral medication must always be read before they are administered. Some pills and tablets must be swallowed whole to avoid complications.

Topical Medications basically include all other kinds of medicine and are applied either to the skin or mucous membranes like the eyes, nose, ears, and lungs. They include things like eye drops, inhalers, and ointments, creams and gels. Some students have certain specialist requirements and more intrusive, or dangerous forms of medical assistance are needed – this includes giving injections or administering rectal diazepam. Both of these require formal child-specific training from a qualified NHS practitioner.

## Self-Management

Sidestrand Hall School does not allow students to self-administer controlled drugs to ensure the safety of the whole school community.

It is good practice to support and encourage students, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility. Some children are competent, and responsible enough, to carry, manage and administer their own medication. However, before a child can self-administer, a risk assessment will be carried out to see if it's safe for them, and others. The level of staff involvement with students who do self-administer will vary – some will need full supervision, whilst others may just need to be prompted to take it at the right times.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Where possible and appropriate, students should be allowed to carry their own medicines and relevant devices, or should be able to access their medicines for self-medication quickly and easily. A parental consent form (Form Med 3 – *Request for Child to Carry his/her Medicine*- Appendix 8) should be used in these circumstances. Where students have been prescribed Controlled Drugs, staff need to be aware that these should be kept securely. For

residential students, a lockable facility is provided in the student's room. The risk assessment will assess the storage requirements for an individual student. In school, students' medications would be kept in the medications rooms.

A risk assessment should be undertaken to determine whether a student is able to self-medicate. The risk assessment takes into account the safety of the individual and other students. This would include providing an appropriate level of staff supervision to support the student who self-medicates. Student's risk assessments must be reviewed regularly and reassessment undertaken based on individual circumstances and need. As part of the reassessment it must be checked whether the student has been taking their medication as intended.

Records of medication prescribed and supplied for students to take themselves must be kept. A record of when a student is prompted to take their medicines should be noted in the daily notes, as should any other medication support provided.

A record should be kept of all medicines received into the residential provision and then distributed to self-medicating students.

## **Refusing Medicines**

If a student refuses to take their medication, staff should not force them to do so. The Senior Teacher or Residential Manager should be informed as soon as possible, who will in turn inform the students' parents/carers and/or GP so that alternative options can be considered.

During residential hours the Residential Manager will make a decision if the out-of-hours service or NHS111 needs to be contacted. In all cases staff should record the refusal in the students' individual medication records.

If the student continues to refuse medication an alternative may be considered or procedure detailed in their IHCP. This will be managed by a multidisciplinary team. Fraser competence guidelines should be followed. It sets out good practice for the treatment of under-16s without parental consent. Further information available at:

[www.BMA.org.uk](http://www.BMA.org.uk) : British Medical Association (2001) Consent, rights and choices in healthcare for children and young people.

## **Covert Administration of Medication**

Covert Administration is when you give a child medication without their knowledge. There are only certain, extenuating circumstances in which this should be done – this is when the child is deemed to lack the mental capacity to make the right choice for themselves, but it's considered that taking the medication is in their best interest. Administering medication covertly by disguising medicines in food or drink is not permitted and should not be carried out if a child has refused their medication.

Before covertly administering medicine, there is a 4-step process which needs to take place and is usually triggered by a child refusing their medication. It begins with a Mental Capacity assessment, if the child is considered to lack the capacity to consent then a Best Interests meeting will be held (in England and Wales, Fraser competence guidelines should be considered (see Section 6). This meeting should involve anyone responsible for the child's care – including the Headteacher, Senior Teacher/Pastoral Lead/Residential Manager, the child's GP/ Paediatrician, school nurse, and the child's parents. If it's decided in this meeting

that covertly administering medication is in the best interests of the child then the next step is to speak to a pharmacist and see whether it's possible to do so. Some medicines can't be crushed up, so maybe alternative medicines are needed. Finally, a plan for covert administration should be drawn up and agreed by everyone who attended the best interests meeting. This plan should include a risk assessment, a method for covertly administering and a date for review.

The decision to administer medicines covertly should be clearly documented in medication records/students placement plan and their IHCP.

Considerations for covert administration of medicines are as follows:

- The student's best interests are considered at all times.
- The medication is essential for the student's health and well-being
- The decision to administer a medicine covertly should be a contingency measure after an assessment of the student
- Parents/carers and health professionals or multidisciplinary team (including the prescriber) should be involved in the decision
- The method of administration should be agreed with the Consultant/GP and pharmacist
- The decision, action taken and details of all parties concerned should be documented in the IHCP and reviewed at appropriate intervals.

It should be noted that if a student prefers that their medication is added to food or drink, this is not "covert" as they are fully aware. Advice should be sought from the Pharmacist to ensure it is appropriate to mix the specific medication in the food/drink.

## **Record Keeping**

It's absolutely vital that an audit trail for all medication on the school's site is maintained. Full accountability for all medication held and given to children is held by the school.

The audit trail begins with students having parental consent (Med 1 form *Parental/Headteacher Agreement for School/Setting to Administer Medicine* is completed by the parent/carer). This form confirms, with the parents/carers, that a member of staff will administer medicine to their child. An IHCP should be in place for those students who have an ongoing medical condition that requires medication over a long period.

All Controlled Drugs are recorded in individual Bound Books to record the level of stock in school/residential and when any medication is administered. The front page of the bound book will hold the student's information and will advise administration details for the medication. Whereas other medications are recorded on Medication Administration Record (MAR) sheets. At times, MAR sheets may be bound in order to keep them more safely stored.

Everytime medication is administered a Medication Record must be completed. The record has the following information:

- The name of the child
- Their date of birth
- The name and strength of the medication (copied directly from the prescription label)
- The dose given
- The date and time of administration
- Your name (and the name of any witnesses, though this is usually only relevant for Controlled Drugs), and
- The quantity of medication received from the child's parents and how much is being returned

## **Record Keeping Procedures**

Written records must be kept of all medication administered to students.

- The record should include what, how and how much was administered, when and by whom. Any side effects of the medication should be noted.
- The record should be made immediately after the medication has been administered and the staff member has witnessed it has been taken.
- A record should also be made for non-administration e.g. student refuses.
- An up-to-date sample signature and initials list should be kept for all staff trained to administer medication
- For medications that are administered regularly but infrequently e.g. monthly or every 3 months, a system must be in place to record when these medications are due e.g. noting event in the diary.
- The designated person must be informed of any unusual events e.g. medication given out of the usual timeframe, refusal, side effects etc.
- Any prescription changes to medication made by the prescriber by telephone or in person (or via parents/carers), can only be accepted, if it is supported in writing (letter/email). A Med 1 Form will be completed by the parent as soon as possible. The records (placement plan/IHCP if appropriate) must be updated.

- An audit trail of medication needs to be maintained i.e. a record of all medication received, medication administered and medication returned.
- Records must be kept of all medicines leaving and returning to the residential/school provision with students for the purpose of trips and activities. Logging ins/outs into student's medication records.
- Medication administration records must be retained for the time specified by the regulatory body and thereafter destroyed securely in line with General Data Protection Regulations.

## **Medication Errors**

At Sidestrand Hall School, we recognise that despite the high standards of good practice and care medication errors may occasionally occur. Unfortunately, human error is inevitable. A member of staff who has been practising successfully does not suddenly become incompetent or unsafe after a single medication error. However, for an error to occur an important step in the process would have to be omitted and there is a potential for this to recur if the cause is not identified. It is therefore vital that the error is investigated by the Headteacher and the member of staff who made the error to identify exactly what went wrong, and take steps to rectify this. The severity of a medication error will then dictate the next steps.

A medication error may consist of any one of the following (the list is not exhaustive):

- Omissions – any prescribed dose not given
- Wrong dose administered, too much or too little
- Extra dose given
- Un-prescribed medicine – the administration of medication which has not been prescribed.
- Wrong dose interval
- Wrong administration route
- Not following 'warning' advice when administering e.g. Take with or after food
- Administration of a drug to which the patient has a known allergy
- Administration of a drug past its expiry date or which has been stored incorrectly
- Administering medication to the wrong student
- Administering the medication at the wrong time
- Failing to record the medication administered
- Sharps boxes not being used to dispose of needles
- Incorrect storage or stock balance of Controlled Drugs

In the event of an error the Senior Teacher/ Residential Manager must be informed immediately. There must be no concealment or delay in reporting the incident. Sidestrand Hall School acknowledges that when things go wrong with medication administration, open and honest communication with the student (if appropriate and sensitively handled) and parents/carers is fundamental to the ongoing partnership between them and those providing their child's care.



Errors in medicine administration can have devastating effects, so to protect students from any accidental harm members of the school's medication administration team follow the Six Rights of Administration when administering any medication:

1. Right individual
2. Right medication
3. Right dose
4. Right time
5. Right route
6. Right documentation

Should an incident of misadministration of a student's medication occur advice must be immediately sought from the Senior Teacher or Residential Manager. In the instance of a missed medication, wrong medication /dose, wrong route or wrong student they will contact the GP/ emergency services/ 111, as appropriate to seek advice. Any advice given by the healthcare professional must be actioned immediately. A first aider must be called and the student must be observed and monitored for any obvious side effects and emergency action taken if required. The parents/carers must be informed immediately.

The staff member responsible for the medication error must complete a Misadministration of Medications form (Appendix 10) This will include details of whether the student came to any harm as a result of the error and what action was taken This should be handed directly to the Headteacher.

All medication errors, incidents and "near misses" regardless of whether any harm occurred must be fully and carefully investigated and documented by the Senior Teacher/ Residential Manager to determine the cause and to record any action taken as appropriate. Where a student has become unwell due to the misadministration an Oshens report must be completed by the member of staff responsible for the misadministration.

The Headteacher will meet with the member of staff and reflect on the incident. The Headteacher will make the final decision about whether the actions should result in disciplinary action or whether the member of staff is deemed competent to continue to administer medication or not. Should the staff member be allowed and willing to continue they will be suspended from medication administration until they have been retrained and reassessed.

Reporting of suspected or confirmed medicines related safeguarding incidents should be made to the DSL on the same day. A safeguarding issue in relation to managing medication could include :

- Deliberate withholding of a medication without a valid reason
- Incorrect use of medication for reasons other than the benefit of a student
- Deliberate attempt to harm a student through the use of a medicine
- Accidental harm caused by incorrect administration or a medication error

This list is not exhaustive.

## **Audits**

Each of the medical cabinets will be audited a minimum of three times during each academic year (once a term). Audits will be carried out as 'spot checks' and Medication Administration staff will not be given prior warning. Medication audits will be undertaken by the Residential Managers and Senior Teacher for Medical Needs.

Audits will be carried out at appropriate times and should include the following areas:

- Ensuring records are complete and accurate
- Medication counts
- Expiry dates and opening dates on eye drops and liquid medications
- Date checks of "PRN" (when required) medication
- Stock control
- Controlled Drugs
- All completed forms and medication related paperwork

See Appendix 10 for the Audit Checklist

### **Medication Training**

All staff who administer medication at Sidestrand Hall School must have current administration of medication training (Medicines Awareness for Schools online course). Once online training is completed the staff member completes a paper exercise and is observed being a competent witness and a competent administrator of medication. If they are deemed competent and have been signed off they are able to administer medication without the supervision of a manager. Competency spot checks are carried out throughout the year to ensure that staff do not become complacent and standards do not slip.

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a student with medical needs appropriate training should be arranged in collaboration with local health services.

Anyone caring for children including teachers or other school staff have a common law duty of care to act like any reasonably prudent parent. In some circumstances the duty of care could extend to administering medicine and /or taking action in an emergency. This duty also extends to staff leading activities off site, such as PE fixtures, school trips or educational visits.

Certain medicines can be given or supplied without the direction of a doctor for the purpose of saving life. For example the parental administration of adrenaline (1mg in 1ml), chlorpheniramine and hydrocortisone are among those substances listed under Article 7 of the POM order for administration by anyone in an emergency for the purpose of saving life (Prescription Only Medicines (Human use) Order 1997).

Staff assisting in an emergency in good faith and acting reasonably and responsibly, whilst carrying out their duties, will be covered by the GDST's insurance against claims of negligence.

### **Specialist tasks**

Occasionally, staff may be requested to administer medication by a specialised technique. Examples include: administration of insulin, nebulisers etc. Administration of specialised

medication requires specific training in the use of the product. The training should be fully documented and be given via an approved Health Care Professional. An assessment of competence should be incorporated into the documentation for any staff member who has been trained in the procedure. Administration of a medication by a specialised technique may only proceed with the express recorded agreement of the student and the parent/carers. Authorisation from the Headteacher must be obtained before a staff member can undertake this additional specialised role.

### **Educational/Off site Visits**

Arrangements for students to take any necessary medication, either routinely or in emergency situations, will need to be taken into consideration when planning the trip / visit. Staff supervising school trips / educational visits should always be aware of any individual pupil's medical needs and relevant emergency procedures.

A risk assessment will be undertaken by the trip leader in consultation with the Educational Visits Coordinator, to determine the level of support needed to ensure a student with a medical condition can participate safely in offsite activities. This will require participation from the parents/carers, student and relevant healthcare professional as appropriate.

Consideration must be given to the safe transport and storage of any medication. Facilities of lockable bags are available to staff from the reception office..

All staff involved must be fully trained to administer medication and must be aware of the student's condition, treatment and risk assessment.

A copy of the student's IHCP and NHS care plan (if appropriate) should be taken on visits in the event of the information being needed in an emergency.

Any medication required for the visit must be signed and countersigned out of the medical cabinet and the student's bound book/ MAR sheet and signed into a portable lockable medicines box which will be kept in a locked bag and kept with the staff member.

Medications **must not** be secondary dispensed. Therefore, medication must be signed out in its original packaging with the pharmacy label clearly displayed. Where a student has more than one container of the same medication in stock the smallest quantity of medication should be taken off site e.g if there are two boxes of tablets only one box should be signed out.

The member of staff who signs the medication out is responsible for the medication and administration of the medication on the visit. They are also responsible for the safe return and signing back in of any medication that is brought back onto the site.

Staff must record all medication administration to students during offsite trips and activities. The

same medication administration procedures should be followed as for on-site medication administration.

Medication required on trips and visits will be held by the staff member assigned to administering medication whilst off site. Where students are able to, those who are at risk from anaphylaxis should carry their own adrenaline autoinjectors (eg EpiPen, Jext pen) with them at all times and a designated member of staff who is able to administer should hold a second adrenaline auto-injector for use in an emergency. Staff must check that students have any emergency medication with them before departing on the visit especially if the student has an allergy, epilepsy or is diabetic.

Competency of staff to administer emergency medicines should be taken into account when preparing risk assessments for educational visits.

### **Sporting Activities**

Most students with medical conditions can participate in physical activities and sport. There should be sufficient flexibility for all student to follow in ways appropriate to their own abilities. Any restrictions on a student's ability to participate in PE should be recorded in their individual health care plan. All staff should be aware of issues of privacy and dignity for students with particular needs.

Some students may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some student's, be aware of relevant medical conditions, any preventative medicine that may need to be taken, and emergency procedures.

### **Off-Site Education or Work Placements**

School is responsible for ensuring that work placements are suitable for students with a particular medical condition. School should consider whether it is necessary to carry out a risk assessment before a student is educated off-site or has work experience.

Where students have special medical needs, the school will need to ensure that such risk assessments take into account those needs. Parents /carers and students must give their permission before relevant medical information is shared on a confidential basis with employers.

## Appendix 1



**Form Med 1**

### **PARENTAL/HEADTEACHER AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE**

The school/setting will not give your child medicine unless you complete and sign this form and the school/setting has a policy that staff can administer medicine.

Name of School/Setting \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Group/Class/Form \_\_\_\_\_  
Name and strength of medicine \_\_\_\_\_  
Expiry date \_\_\_\_\_  
How much to give (dose to be given) \_\_\_\_\_  
When to be given \_\_\_\_\_  
Any other instructions \_\_\_\_\_  
Number of tablets/quantity to be given to school/setting \_\_\_\_\_

**Medicines must be in the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact \_\_\_\_\_  
Name and phone no. of GP \_\_\_\_\_  
Agreed review date to be initiated by [name of member of staff]: \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Confirmation of Headteacher's agreement to administer medicine**

It is agreed that \_\_\_\_\_ [name of child] will receive \_\_\_\_\_ [quantity and name of medicine] every day at \_\_\_\_\_ [time medicine to be administered e.g. Lunchtime or afternoon break].

\_\_\_\_\_ [name of child] will be given/supervised whilst he/she takes their medication by \_\_\_\_\_ [name of member of staff].

This arrangement will continue until \_\_\_\_\_ *[either end date of course of medicine or until instructed by parents].*

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

*[The Head teacher/Head of Setting/Named Member of Staff]*

## **Appendix 2**

### **8 core Principles of Safe and Appropriate Handling of Medicines**

**(Royal Pharmaceutical Society of Great Britain, 2014)**

1. People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services, including dispensed medicines.

3. Care staff who help people with their medicines are competent.

5. Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely.

7. The social care service has access to advice from a pharmacist.

2. Care staff know which medicines each person has and the social care service keeps a complete account of medicines.

4. Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medicines to them.

6. Medicines are stored safely.

8. Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

### **Appendix 3**

#### **Procedures for handling medication errors or adverse reaction**

1. In the event of an error or immediate adverse reaction a staff member should stay with the student and the other member of staff should contact NHS helpline 111

immediately for advice or emergency services 999 immediately if life threatening. Advice given by a healthcare professional must be actioned immediately and recorded.

2. The student must be observed by a first aider and monitored for any obvious side effects and emergency action taken if required.
3. The parents/carers should be contacted.
4. In the event of an error the Head of Care or Residential Manager (if Head of Care is off duty) should be immediately informed.
5. A record of the medication error needs to be completed in the student's records using the misadministration of medicines form.
6. The Head of Care and the Headteacher should conduct an inquiry and manage any actions necessary to prevent reoccurrence of the medication error.
7. The relevant regulatory body should be informed where appropriate.
8. Detailed audits must be carried out on a regular basis and any findings used in team meetings to improve practice.

#### **Appendix 4**

##### **Emergency supply of Salbutamol**

The staff at Sidestrand Hall School follow the Department of Health's (DoH) "Guidance on the use of emergency salbutamol inhalers in schools". The "guidance" allows the school to keep a salbutamol inhaler on the premises to be used in a specific emergency for children included on the "emergency salbutamol register".

To be included on the emergency salbutamol register the student must

- have been diagnosed with asthma, and prescribed a reliever inhaler



OR

- have been prescribed a reliever inhaler.

Written parental consent for use of the emergency salbutamol inhaler must be given in each of these circumstances.

The emergency inhaler can be used if the student's prescribed inhaler is not available. A disposable spacer device is used for hygiene. These are located in the Main House Office, Reception Office and Sixth Form building. An asthma protocol must be drawn up so that staff know who to contact in an emergency situation. (Procedures should follow the DoH guidance). This will be one of the school's first aid trained members of staff.

A register is kept which documents which student is permitted to use the emergency inhaler. The register must be kept updated and a copy kept with the emergency inhaler supply.

Supplies for the emergency asthma kits can be ordered from the local community pharmacy by the Senior Teacher for Medical Needs.

A number of residential and school staff will be identified as "designated members of staff" who have responsibility for helping to administer an emergency inhaler, they have received administration of medication and first aid training.

All staff must be aware of the school asthma policy and be aware of how to check if a student is on the register. Staff need to be aware of how to access the emergency inhaler and the designated members of staff they can access for support if necessary. Online training is offered annually to all staff as part of their CPD.

The designated members of staff will be responsible for the storage and care of the inhaler as detailed in the "guidance". Priming the inhaler regularly will also be their responsibility.

The emergency inhaler should not be locked away and relevant trained staff should have access to the inhaler at all times. The inhaler should be kept out of the reach and sight of students.

A written record should be made each time the inhaler is administered to a student.

The student's GP, Head of Care and parents/carers should be informed when a student has an asthma attack that requires emergency salbutamol use. A sample letter is available in the DoH guidance for use locally.

The Head of Care is responsible for disposing of expired or used inhalers. They should be returned to the supplying community pharmacy as per the waste instructions in the DoH guidance.

See Asthma Policy

## **Appendix 5**

### **Administration of rectal diazepam/buccal midazolam**

A student may be prescribed rectal diazepam or buccal midazolam in the treatment of epilepsy. Details of the treatment and responsibilities of all those involved in this care should be documented in the student's care plan, including identification of action required should the individual have an epileptic seizure. The Senior Teacher will ensure that staff have received required training and deemed to be competent to administer these medicines before accepting an individual into the residential provision.

Administration of rectal diazepam by staff may only proceed with the express recorded consent of the student and parents/carers. The staff member must be willing to undertake this task.

There must be a valid prescription with clear written instructions regarding the dose to be administered. The medication records should reflect this.

Specific training must be given to the staff members on the practical aspects of caring for students with epilepsy and administration of a rectal solution. This training must follow NMC guidelines and be via an approved trainer e.g. community nurse. The members of staff must then demonstrate competency.

Training must be fully documented and incorporate an assessment of competency together with subsequent reassessments.

Clear, accurate and unambiguous records must be maintained for rectal diazepam on the student's medication records sheet.

The trained and competent members of staff must familiarise themselves with the student's care plan and instructions for administering rectal diazepam.

The trained and competent members of staff will carry out the instructions as detailed in the care plan and will record the time, duration of seizures and the intervals between seizures.

If having followed the guidelines, the seizures continue, an ambulance must be called. The appropriate paperwork must be completed and handed to the paramedics on arrival.

If a student requires administration of rectal diazepam and there is no trained staff member available an ambulance must be called.

All training for both rectal diazepam and buccal midazolam must be fully documented. Due to the nature of the medication and when it is required, practical competency assessment checks are not always feasible. Knowledge checks must therefore be undertaken every 6 months to ensure staff are confident to administer these medicines should the need arise.

## Appendix 6

### Individual Health Care Plan

## Individual Healthcare Plan

Child's name	
Tutor group	
Residential Unit	
Date of birth	
Child's address	
Medical diagnosis or condition	
<b>Family Contact Information</b>	
Name	
Relationship to child	

Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

Who is responsible for providing support in school	
Who is responsible for providing support in <b>residential</b>	

Describe medical needs and give any additional details relevant to the condition

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

.
---

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

**In an emergency ring 999 and call for a 3 day First Aid at Work first aider**

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

This form will be accessible electronically to school staff via our secure online Scholarpack system

Additional documents

In the event of an emergency during school or boarding hours, I give permission for this form to be given to NHS emergency care staff.

Parent/Guardian	Signature	Date
-----------------	-----------	------

Individual Health Care Plan Agreed by:

Parent/Guardian	Signature	Date
Headteacher/SLT	Signature	Date

### Appendix 7

## **Six Rights Of Medication Administration**

### **The Six Rights**

When you are giving medication, regardless of the type of medication, you must always follow the six rights.

**Each time you administer a medication, you need to be sure to have the:**

- 1. Right individual**
- 2. Right medication**
- 3. Right dose**
- 4. Right time**
- 5. Right route**
- 6. Right documentation**

Each time you give a medication, you must systematically and conscientiously check your procedure against these six rights.

This is essential **every time** you administer **any** medication – including medications that an individual has been taking for a long time.

You must check for all six rights every time you administer any drug to any individual.

**Each time that you give a medication, you also need to remember to do the "Two Checks".** This means that you are going to do a "**double-check**" to make sure that the six rights are present each time that you give a medication. You must:

1. Remove the medication from the locked area and check the prescription label against the medication log to make sure that they match: **this is the 1st check.**
2. After you pour the medication, but before you give it, check the prescription label against the medication log entry again to make sure that they match: **this is the 2nd check.**

## **Right Individual**

In order to make sure that you are about to administer medications to the right individual, you have to know the individual.

Even when you know the individual well, mistakes can happen. Sometimes, when medications are being administered to more than one individual in a setting, or if you prepare medications for more than one individual at a time, you can be distracted and give the medications to the wrong individual.

## **You can avoid a serious mistake if you:**

1. Prepare medication for one individual at a time.
2. Give the medication to the individual as soon as you prepare it.
3. Do not talk to others and ask them not to talk to you when you are giving medication.
4. Do not stop to do something else in the middle of giving medications.
5. Pay close attention at all times when you are giving medications.

**You must also compare the individual's name on the prescription label, the medication order and the medication log. Make sure that they match.**

**If they do not match, or if there is any doubt about whether you are giving the medication to the right individual, !ASK QUESTIONS!**

**If you make a mistake, follow the policy for reporting medication errors.**

You may need to call the student's GP, 111, 999 for evaluation depending on the severity of the error.

THIS IS WHY WE DO THE DOUBLE CHECK.

## **Right Medication**

In order to be sure that you are giving the right medication, you must:

Read the medication label carefully (remember that some medications have more than one name: a brand name and at least one generic name).

Check the spelling of the medication carefully. If there is **any** doubt about whether the medication name is correct, stop and call the Senior Teacher/Residential Manager **before** you give the medication.

Read the medication order carefully. Make sure that the medication name on the order matches the medication name on the label.



Read the medication log carefully. Make sure that the medication name on the label, the medication order and medication log match **before** giving the medication.

Look at the medication. If there is anything different about the size, shape or colour of the medication, call the Senior Teacher/Residential Managers **before** you give it. It could be that you have been given a different generic brand of the medication. But sometimes when a medication looks different it means that you have the wrong medication.

**THIS IS WHY WE DO THE DOUBLE CHECK.**

**Compare the medication name on the prescription label and the medication log.**

**If they do not match, or if there is any doubt that you are giving the right medication, ! ASK QUESTIONS!**

**If you make a mistake, follow our procedure for reporting medication errors.**

## **Right Dose**

The right dose is **how much** of the medication you are supposed to give the individual at one time.

To determine the dose, you need to know the **strength** of each medication. In the case of liquid medications, you need to know the strength of the medication in each liquid measure.

The dose equals the strength of the medication multiplied by the amount. **Look at the sample label below.**

RX #:828291 Town Pharmacy  
100 Main Street  
Pineville, MA 00000  
(617) 000-0000

Jeff Smith 09/29/00

Valproic Acid 250mg  
(I.C. Depakote)

Take 2 tabs by mouth twice a day

By Dr. B.J. Honeycutt Lot #: PS 56721 Exp. Date: 9/29/01 Refills: 4

The **strength** of each Valproic acid pill is **250 mg**.

The **dose** is **500mg** twice daily.

Strength (250mg per pill) X Amount (2 tabs)= 500mg

**Compare the dose on the prescription label and the medication log.**

**If they do not match, or if there is any doubt that you are giving the right dose. !ASK QUESTIONS!**

THIS IS WHY WE DO THE DOUBLE CHECK.

**If you make a mistake follow our procedure for reporting medication errors.**

**ALERT! Always check with the Senior Teacher/Residential Managers about any order that requires administering more than 3 tablets or capsules of the same medication in one dose. This could be an over-dosage!**

### **Right Time**

Some medications must be administered only at very specific times of the day. For other medications, the time of day that you give the medication is less critical.

For example, some medications must be given before meals, one hour after meals or at bedtime in order to work best.

It is very important for medication to be given at the time of day that is written on the medication order. If no specific time is written on the medication order, ask the nurse or pharmacist about the best time of day to give the medication. Write this down on the medication log.

**Compare the time on the prescription label and the medication log.**

**If they do not match, or if there is any doubt about whether you are giving the medication at the right time, !ASK QUESTIONS!**

THIS IS WHY WE DO THE DOUBLE CHECK.

**If you make a mistake, follow our procedure for reporting medication errors.**

Medications must be given within a ½ hour of the time that is listed on the medication log. This means that you have ½ hour before the medication is due, and ½ hour after it is due to administer the medication in order to be on time with medication administration.

**The ½ hour timeframe does not apply to PRN medications.**

**For example: If you have a PRN medication order and PRN protocol for Tylenol to be given every 4 hours as needed, you cannot give it until 4 hours have passed since the last dose.**

## **Right Route**

The route means how and where the medication goes into the body.

Most medication is taken into the mouth and swallowed, but others enter the body through the skin, rectum, vagina, eyes, ears, nose, and lungs, through a g-tube or by injection.

The most common way (or route) for medications to enter the body is by mouth.

**Compare the route on the prescription label and the medication log.**

**If they do not match, or if there is any doubt about whether you are giving the medication by the right route, ! ASK QUESTIONS!**

THIS IS WHY WE DO THE DOUBLE CHECK

**If you make a mistake follow our procedure for reporting medication occurrences.**

Sometimes mistakes happen when you are giving several medications by different routes at the same scheduled time.

For example, you may be giving an eye drop and an eardrop to the same individual at the same time. If you become distracted, you could accidentally put the eardrops in the individual's eye. This would be a very serious mistake.

**THIS IS WHY WE DO THE DOUBLE CHECK**

Avoid this type of mistake by giving the eye drops first, and then put away the eye drops. After you have put the eye drops away, give the ear drops.

## **Right Documentation**

Your responsibilities are not yet complete!

Each time a medication is administered, it must be documented.

Your documentation of medication administration must be done at the time that you give the medication.

You must complete all of the documentation that is required on the medication log.

- Documentation should be done in blue or black ink.
  - No pencil or correction fluid can be used.
  - Never cross out or write over documentation.
  - If you make a mistake when you are documenting on the medication log, circle your mistake and write a note on the log to explain what happened.

**Double check your documentation as soon as you have finished giving medications.**

Ask the witness to double-check your documentation for you, ask him or her to go over your medication log documentation to make sure that it is complete and accurate. Then ask them to countersign to say that they agree.

All documentation must be done at the time that the medication is administered.

**If there is any question about documentation on the medication log,**

**! ASK QUESTIONS!**

**Appendix 8**

**Form Med 3 – request for child/young person to carry his/her own medicine**

Note: This form must be completed by the parent/carer:

Name of Child	
Class/Form	
Name and strength of Medicine	

I would like my Son/Daughter to keep his/her medicine with him/her for use as necessary

I confirm that my Son/Daughter has received suitable information, instruction and training and is competent to administer their own medication

*Delete where appropriate*

I consent to the use of school emergency blue inhaler in exceptional circumstances.

I consent to the use of the school emergency AAI/epipen in the event of an emergency.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Young Person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Member of SLT: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix 9**



**SIDESTRAND HALL SCHOOL**  
Sidestrand, Cromer, Norfolk, NR27 0NH  
Telephone 01263 578144  
Email: [office@sidestrandhall.norfolk.sch.uk](mailto:office@sidestrandhall.norfolk.sch.uk)  
Headteacher: Mrs. Sarah Young

### **Safe Administration of Medication**

- Only staff who have had the Administration of Medication training can administer medication
- A witness should be present unless it is deemed that the individual has the capacity to understand and sign for their own medication.
- Refer to medication folder for individual student's requirements:  
Medication and dose  
Time of administration
- Open cabinet, check label of medication against the folder information:  
Correct medication?  
Correct dose?  
Correct Young person?  
Correct time/ Date?  
Correct Route?  
Is medication in date?  
Has it been given?
- Check how the student takes medication e.g. from a spoon, with water, in yogurt etc.
- Read sheet out loud and check with witness/ student against the medication .
- Administer medication in suitable receptacle.

- Lock medication away.
- Record administration on Record of Administration sheet, update stock levels, complete an error record if needed. Student offered opportunity to sign to say they've received their medication.
- Controlled medication to be recorded in the controlled drug book
- If medication is refused more than once, consult prescribing GP or NHS Helpline 111, depending on the medication. Inform Parents.
- Ensure the Medical cupboard is locked.

In the event of an incorrect dose being administered:

- Contact parents/carer
- Phone the NHS helpline 111.
- Observe the student. Call first aider.
- All subsequent action to be recorded on medication record sheet.
- In the event of an immediate adverse reaction call emergency services 999
- During school hours call SLT. During residential phone on-call SLT member

**Appendix 10**

**Misadministration of Medications Form**

<b>Staff member responsible for administration of medication:</b>  <b>Witness:</b>	<b>Date:</b>	<b>Student's name:</b>
<b>Correct medication:</b>  <b>Actual medication administered:</b>	<b>Correct Dose:</b>  <b>Dose administered:</b>	<b>Time given:</b>



**Details of Medication Error**  
 (please refer to the Administration of Medication Policy guidance)

**What actions did you take immediately after the error was made/ identified?**  
 (who did you contact? Timings)

**How did the error occur?**

**Effect of medication error on student (Circle below)**

Parent informed	Yes	No	Student monitored by first aider no ill effects	Called 111 for advice
Student sent home.-	Yes	No		

Student sent home.- Yes No

Student admitted to hospital

Other (please give details)

**Any other useful information to support the investigation:**

**Follow-up Measures and Actions**  
 To be completed by Manager

<b>Signature (staff member)</b>	<b>Signature (Witness)</b>	<b>Signature (Manager)</b>



**SIDESTRAND HALL SCHOOL**  
 Sidestrand, Cromer, Norfolk, NR27 0NH  
 Telephone 01263 578144  
 Email: office@sidestrandhall.norfolk.sch.uk  
 Headteacher: Mrs. Sarah Young

**Appendix 11**

**MEDICATION ADMINISTRATION ROOM CHECKLIST**

**DEPARTMENT:**

**DATE:** \_\_\_\_\_ **REVIEWED BY:**

<b>RATING</b>	<b>A</b>	<b>NA</b>	<b>NI</b>
<b>CARE and STORAGE</b>			
✓ Medication area can be secured			
✓ Medication Cabinet keys safely stored			

✓ Medications properly locked up			
✓ Area is clean			
✓ Refrigerated medications in designated fridge (not to be stored with food)			
✓ PPE and waste bin available			
✓ EpiPen® is stored at room temperature			
✓ Medication expiration dates current			
✓ Medications in properly labeled containers			
✓ Medication stock levels match paperwork			
✓ Organized system			
✓ Disposal of medications			
✓ Clean dispensing cups available			
✓ Clean dispensing syringes available			
<b>Medications being given only by designated/trained staff</b>			
<b>DOCUMENTATION</b>			
✓ All documentation in ink			
✓ Signature to match all initials on medication log			
✓ All drugs are counted when brought to school/ residential and recorded			
✓ Medications being given at correct time			
✓ As needed (PRN) drugs are given at proper intervals			
✓ Record of medication errors (misadministration)			
<b>PAPERWORK</b>			
✓ Medication Administration Policy available to refer to			
✓ Parent signature on completed information (Med 1)			
✓ Relevant students' NHS Health care plans available			

✓ Relevant students' IHCPs available			
✓ The student's records (IHCP and Bound book/ Med 1 form) all match- identify what medication, time and dose.			
✓ Medications match students' documentation			
✓ Medication errors sheets available			
✓ List of trained Medication Administration staff			
✓ List of Emergency medication trained staff (Buccal/ Epipen/ Inhalers)			
<b>On Display</b>			
✓ Anaphylaxis information			
✓ Nearest First Aider			
✓ Nearest Epipen			
✓ Nearest emergency (Salbutamol) inhaler			
✓ Medication Administration information			
✓ Medical conditions posters			
<b>Areas of concern:</b>			
<b>Follow up plan:</b>			
<b>Comments:</b>			

\* A = Acceptable \*NA = Not Acceptable \*NI = Needs Improvement

Appendix 12

**Staff Competency Record**

**Staff member name:**

<b>Training /observation</b>	<b>Date</b>	<b>Comments</b>	<b>Manager signature</b>
Staff administration of medication online training completed			
Read through and discussed Safe Administration of Medication (PTO)			
Competent witness of medication			

Administered Medication			
Administered Medication			
Administered Medication			

# Administering Medication Competency Checklist

Staff member	Date observed	Must have a witness	Refer to medication folder and dose	Medication and dose	Time of administration	Checking label of information against folder information.	Correct medication	Correct dose	Correct time	Correct date	Correct route	Is medication in date	Check how the child takes medication e.g spoon, water.	Administer in suitable receptacle	Record administration, update stock level	Lock medication away	Controlled medication to be recorded in controlled drug book	Understanding of what to do if medication refused.	Understanding of what happens in case of misadministration	In the event of an adverse reaction to medication.	Observed by	

## **Appendix 13**

### **Procedures to Ensure Supply and Storage of Medication**

1. Staff to liaise with parents/carers in good time, prior to supply of a student's medication remaining being at one week's supply.
2. Staff inform the Senior Teacher/Residential Manager if at any time there is difficulty in obtaining a supply of a student's medication.
3. All new supplies of medication when received on site must be subsequently checked in.
4. Staff to check expiry dates, and contact parents/carers in the event of a query to enable them to raise the query with the dispensing pharmacy.
5. Any discrepancies must be communicated to the parents/carers by staff immediately on receiving the medication of a student and prior to any of the medication being administered.
6. Fridge items must be put away in the appropriate storage area immediately.
11. All medication must be stored in the appropriate locked medication cabinets.
12. Individual medication administration records should be prepared for each medication.
13. An audit trail of all medication is required and medication should be signed in on arrival.

## **Appendix 14**



## **Procedures for Administration Medication Record Keeping**

Records need to be kept of the following:

1. Medication received and administered (documented on the Individual student's administration of medication record/sheet). Records should include non-administration e.g. student refusal.
2. Medication for disposal should be documented in the Individual student's administration of medication record/sheet.
3. Changes to Medication recorded on the student's IHCP and residential Placement plan medical section. New MAR sheets / Bound Book will be made for new medications.
4. Correspondence and any communication received about a student's medication e.g. letters, transcribed phone messages etc.
5. Consent forms, letters from parents/carers, health questionnaires and any other correspondence with parents/carers.
6. All medication records should be retained for the time required by the regulator. They should be filed in the student's records regularly and archived.

### **Appendix 15**

#### **Residential procedures for disposal of medication**

Medication may need to be disposed of in the following circumstances:

- The expiry date of the medicine is reached
- A course of treatment is completed, discontinued or is no longer required
- The student has refused to accept the medication
- The medicine has been “spoiled”

1. All medication should be disposed of promptly. In the event of death, it is essential that the school/residential provision confirms whether the medication is required by the coroner as part of an investigation. The medication must be placed in a bag and locked securely away until confirmation from the coroner’s office is obtained.

2. Medication should be returned to the parents/carers for disposal. This is completed by two members of staff. A record should be made in the individual student’s administration of medication record. Details should include the date, quantity, of the medication and the two staff members of signatures.

3. In the event of parents/carers failing to collect or receive the medication it may be returned to a pharmacy for disposal. Returns must be documented and a receipt obtained.

4. Odd tablets that have been refused must be placed in an envelope and recorded in the individual student’s administration of medication record. The envelope must be labelled with the name of the medication (if known), the name of the child, the date and time (if known). The envelope must be returned to Cromer Pharmacy for safe disposal.

5. Controlled drug patches removed from the student should be folded in half to inactivate them. They may be returned to the pharmacy for destruction.

6. Medication should not be disposed of/destroyed in the residential provision. Syringes and needles must be placed in the “sharps” box.

## **Appendix 16**

### **Procedures for Self-Administration of Medication**

1. An individual risk assessment will determine if a student can take and look after their medicines themselves and the level of support the student needs.
2. The risk assessment should consider:
  - Student's choice
  - Fraser Competency
  - Risks to the student or to other student's
  - Can the correct dose be taken at the right time and in the right way (consideration of mental capacity and manual dexterity)?
  - How often the assessment needs to be repeated?
  - Medication storage requirements
  - Staff responsibilities
3. Lockable drawers are provided in the residential student's room for storage of their medication and the student will hold the key.
4. Recording of medication administration by self-medicating student is unnecessary.
5. Record details of information provided by the student and parents/carers regarding when medicines were supplied to the student and any reminders or support given to the student.
6. Discreet compliance checks and monitoring should be undertaken every month to ensure continuity of supply and to encourage independence. Particular reference should be made to "when required" (PRN) items and medication such as inhalers.
7. Reassessment dates for self-medication should be set and based upon a student's need. This allows residential staff to monitor the support required and respond to changing needs of the student.

## **Appendix 17**

### **Procedures for Taking Verbal Orders for Medication Administration**

The following procedure should be adopted for a dose change or addition/ discontinuation of medication to reduce the risk of errors:

1. Staff may accept a verbal order from the prescriber or parents/carers of dosage changes.
2. All verbal orders regarding dosage changes and new medications require written confirmation. This can be by email, text or letter.
3. Staff should make an entry on the individual administration of medication record/sheet and in the placement plan and reference it back to the original authorisation.
4. A second person who has witnessed the verbal order and the repeating back of the instructions to the prescriber may act as a counter signatory (ideal situation).
5. Staff to inform other team members of changes via communication book, change over, staff/shift meeting.
6. The form Med 1 must be completed by parents at the earliest opportunity.

### **Appendix 18**

#### **Procedures for Medication Handling for Off-Site Activities**

Provision must be in place to allow children who require medication to participate in off site visits. Robust procedures must be in place to ensure that medication is carried, administered and recorded in a safe way.

- Only staff who have completed Administration of Medication training can administer medication during school visits.
- Staff administering medication must always have a second person with them to act as a witness.
- The allocated person for administering medication for the trip will be identified as part of the trip planning
- On the day of the trip Medication must be signed out for the trip.  
This must be recorded in the child's individual medication records in school and details and stock taken out detailed on the Off site visits administration of medication record.
- Medication taken off site must be in the original box with the correct pharmacy label attached.
- Medication must be transported in a locked medicines box within the locked trips bag.  
To administer
  
- Refer to Offsite administration of medication form for individual child's requirements:
  - Medication and dose
  - Time of administration
- Remove medication from locked bag and box, check label of medication against the Offsite administration of medication form:
  - Correct medication?
  - Correct dose?
  - Correct Young person?
  - Correct time/ Date?
  - Correct Route?
  - Is medication in date?
  
- Check how the Young person takes medication e.g. from a spoon, with water, in yogurt etc.
- Read sheet out loud and check with witness/ Young person against the medication .
- Administer medication in suitable receptacle.
- Lock medication away. (Ensure the Medical box and bag is locked.)
- Record administration on Off Site administration of medication form, update stock levels
- Follow the normal procedures and report to Emergency point of contact in school if
  - A child refuses medication
  - A medication error is made
  
- On return to school book medication back into the individual child's records and completing the offsite administration of medication form.