


RESIDENTIAL ADMINISTRATION OF MEDICATION POLICY



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<i>Signed Chair of Governors</i>	Angela M W ngwa
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Residential Administration of Medication Policy

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1. Introduction

Medication management at Sidestrand Hall School will meet with current legislation and the relevant National Minimum Standards for Residential Special Schools. It will ensure the best outcomes are achieved for all student's we support, with regard to their medication.

The purpose of this policy is to ensure the following:

- Residential students are supported appropriately with their medication.
- Arrangements are put in place to support children with medical conditions.
- The health and wellbeing of all residential students at Sidestrand Hall School.

To ensure safe practice in managing medicines, the following guidance should be adhered 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

The Head of Care whom is a member of the school's Senior Leadership Team, who is suitably trained and competent will be appointed by Headteacher as the designated person, to ensure the safe and effective management of medication and the implementation of this policy. The Head of Care must authorise any actions involving medication by staff.

2. Principles of good practice

- The medication policy will be reviewed annually by the policy lead to ensure that it reflects current working practice within school and boarding. Staff will be made aware of any changes following the review process.
- 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 are written on the pharmacy label.
- Staff and students must be instructed not to disturb the person 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.
- Medication should never be dispensed in advance of administration or dispensed for another person to administer to a student.
- If there is any query or concern regarding a student's medication, then the medication should not be given and the Head of Care must be consulted immediately.
- Medication must be recorded and signed for by an appropriately trained staff member immediately after administration.
- All students taking medication should be monitored for changes in their condition which may be medication related e.g. allergies etc. The Head of Care should be kept informed.
- All relevant staff are required to read the Administration of Medication Policy and to record their agreement to follow it.

3. Principles of safe and appropriate handling of medicines

The Handling of Medicines in Social Care identifies eight core principles relating to the safe and appropriate handling of medicines. That apply to every social care setting.

1. People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
2. Care staff know which medicines each person has and the residential provision keeps a complete account of medicines.
3. Care staff who help people with their medicines are competent.
4. Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medicines to them.
5. Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely.
6. Medicines are stored safely.
7. The social care service has access to advice from a pharmacist.
8. Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

4. Medicines brought into the residential provision

- 4.1 Medicines brought into the school or residential provision must be in the original pharmacy labelled container with clear instructions from the prescriber.
- 4.2 All medicines brought in must be handed immediately to the residential staff.
- 4.3 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).
- 4.4 Medication received into the residential/school must be recorded immediately on arrival.
- 4.5 The Head of Care must be contacted immediately if there is any doubt over the medication received or it is not in the original packaging.
- 4.6 Staff will only administer medication from individual pharmacy-labelled containers. These will be dispensed by the pharmacist and prescribed to the student.
- 4.7 Residential and Elm staff will be responsible for liaising with parents/carers, to ensure that required medication stocks are always available to students.
- 4.8 Liaison with parents/carers and/or the prescribing doctor is required for any changes or discrepancies in the medication.
- 4.9 Any medication that requires fridge storage must be placed in the drug fridge immediately.

5. Storage

- 5.1 Medicines to be stored safely in lockable medicines cabinet. There is restrictive access to medicine cabinets to only authorised staff having keys.
- 5.2 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.
- 5.3 Emergency medicines and devices e.g. asthma inhalers, buccal midazolam, blood glucose testing meters and adrenaline pens should always be readily available to students and not locked away but stored safely but accessibly.
- 5.4 Medication requiring fridge storage should be kept in the designated medication fridge and kept securely. 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.
- 5.5 Controlled Drugs should be stored in a locked non-portable cabinet and only named staff should have access. Controlled Drugs should be easily accessible in an emergency where appropriate.

- 5.6 A lockable drawer for safe storage of medicines must be available for each student who wishes to self-medicate and has been assessed as capable and competent.
- 5.7 Medication should be date-checked on a regular basis and stored and used in date order. Expired medication should be returned for disposal.

6. Consent

- 6.1 No student under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent.
- 6.2 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.
- 6.3 When the student starts at school/admitted into residential, 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. In addition, for residential student's parental consent will also be requested for administration of non-prescribed pain relief medication (Calpol, paracetamol tablets) and those students with diagnosed asthma emergency salbutamol inhaler.
- 6.4 Parents/carers will be required to inform the school/service of details of any treatment and/or changes in medication that have occurred during the school holidays.
- 6.5 The parental consent for non-prescribed pain relief medication must be updated if there is any change to the student's medical history or treatment.
- 6.6 Where the student has a long-term medical condition, an Individual Healthcare Plan (IHCP) will be developed with the parents/carers, the relevant Health Care Professional, the student and the Head of Care.
- 6.7 Parents/carers will be requested to provide important medical information to enable staff to provide the appropriate support.
- 6.8 If a student refuses to take their medicine or carry out a necessary procedure, staff should not force them to do so but inform the Head of Care who will follow the procedure detailed in their IHCP.
- 6.9 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 : British Medical Association (2001) Consent, rights and choices in healthcare for children and young people.

7. Individual health care plan (IHCP)

- 7.1. To support students with long term or complex medical conditions, an Individual Healthcare Plan (IHCP) should be drawn up with input from parents/carers, the student and healthcare professionals where necessary.
- 7.2. 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.
- 7.3. 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

8. Non-prescribed over the counter medicines

8.1. Non-prescribed medication commonly known as home remedies are over-the-counter (OTC) medicines that are used for the treatment of minor ailments.

8.2. Non-prescribed medicines are defined as over-the-counter medicines which are either provided by parents/carers or held in stock by residential units in the case of pain relief medicines (Calpol, paracetamol).

8.3. Students can only be administered a non-prescribed medicines if parental consent has been obtained in advance. Parents/carers will be sent a consent form on the student's admission to the residential provision.

8.5. A child under 16 years of age should never be given medicine containing aspirin unless prescribed by a doctor.

8.6. Medication for pain relief should never be administered without first checking the maximum dosage and when the previous dose was taken by the student.

8.7. Only Calpol and paracetamol tablets may be purchased by the staff. Authorisation for purchase of stock must first be obtained from the Head of Care or a Residential Manager.

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

8.9. For non-prescribed medications (including herbal products, homeopathic remedies, Chinese medicines, supplements such as iron or vitamins) sent into the residential provision 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.

8.10. 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.

8.11. 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.

8.12. Non-prescribed medicines must be stored in the same way as prescribed medicines.

9. Administration of medication

9.1. 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.

9.2. Known allergies must be checked before administration of medication. The Head of Care will be responsible for ensuring parents/carers and students provide updated information.

9.3. 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 Head of Care must be obtained.

9.4. Medication must not be transferred from one container to another.

9.5. The 6 Rights of Administration must be applied.

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

9.6. PRN (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.

9.7. 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.

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

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

9.10. 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

Advice should be sought from the Head of Care and contact will be made with the students GP.

9.13. 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.

9.14. All liquids must be shaken prior to administration. Liquid dose measurements must be undertaken with accuracy. For doses of 5 or 10ml, the 5ml plastic measuring spoon/5ml oral syringe should be used. For doses over 10ml, an appropriately graduated plastic measuring pot can be used. This must be held at eye level for accurate dose measurement. A 5ml oral syringe should be used for doses less than 5ml.

9.15. If a student refuses to take medicine they should not be forced to do so but staff should follow directions in the IHCP. This may mean contacting the out-of-hours service or NHS111. The Head of Care should be informed who will in turn inform the students' parents/carers and/or GP so that alternative options can be considered.

10. Covert administration of medication

10.1. Disguising medicines in food or drink is generally not permitted.

10.2. In exceptional circumstances, covert administration of medicines (disguising medicines in food or drink) may be necessary and it is in the student's best interest. Before covert administration of medicines can proceed, a Residential Manager must have written evidence of decision/instruction of health professionals with the addition of multi-disciplinary team if involved. (In England and Wales, Fraser competence guidelines should be considered (see Section 6). decision to administer medicines covertly should be clearly documented in medication records/students placement plan.

10.3. 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.

11.4. 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.

11. Procedure for administration

11.1. Only staff who have received training in Administration of Medication can administer medication to a student.

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

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

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

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

11.6. If there is any query or concern regarding a student's medication, then the medication should not be given and the Head of Care must be consulted immediately.

11.7. Staff to follow procedures set out in Appendix 2

12. Controlled drugs

12.1. Controlled Drugs received from parents/carers to the school are stored securely in lockable drug cabinets in residential units and the supply details entered into medication records.

12.2. Administration of Controlled Drugs should be undertaken by a 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 make the entry in the individuals controlled drug records and the witness must countersign. There is an option for the student themselves to choose to sign.

12.3. Administration of Controlled Drugs must be recorded and witnessed in the Controlled Drugs records. The name of the child, time, date, medication (name, form and strength) and dosage must be recorded each time the medication is administered. In addition, the balance of stock remaining must be counted and recorded. Any discrepancies must be reported to the Head of Care immediately.

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

12.5. Controlled Drugs for destruction should be returned to the parents/carers/pharmacy for disposal and the Controlled Drug records recording that action signed.

12.6. Controlled drugs should be audited regularly by the Head of Care and /or Residential Managers.

12.7. 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.

12.8. Refer to Section 5.5 for details of Controlled Drugs storage.

13. Record keeping

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

13.2. The record should include what, how and how much was administered, when and by whom. Any side effects of the medication should be noted.

13.3. The record should be made immediately after the medication has been administered and the staff member has witnessed it has been taken.

13.4. A record should also be made for non-administration e.g. student refuses.

13.5. An up-to-date sample signature and initials list should be kept for all staff trained to administer medication

13.6. 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.

13.7. The designated person must be informed of any unusual events e.g. medication given out of the usual timeframe, refusal, side effects etc.

13.8. 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). The records (placement plan/IHCP if appropriate) must be updated.

13.9. An audit trail of medication needs to be maintained i.e. a record of all medication received, medication administered and medication returned.

13.10. Records must be kept of all medicines leaving and returning to the residential provision with students for the purpose of trips and activities. Logging ins/outs into student's medication records.

13.11. 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.

14. Disposal

14.1. 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 cupboard and returned to the parent's/carer's or community pharmacy. This must be documented.

14.2. 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 Head of Care should be notified.

14.3. Syringes and needles must be disposed of by placing in the sharps box (should a student come in without their sharps box, a sharps box is located in the main house Residential Managers office).

15. Self-management

15.1. 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.

15.2. Where possible and appropriate, student 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.

15.3. An appropriate level of staff supervision must be provided to student who self-medicate.

15.4. 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.

15.5. 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.

15.6. 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.

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

16. Offsite activities

16.1. 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.

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

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

16.4. All medicines taken on trips should be signed out of the residential provision and the quantity remaining signed back in on arrival. The Head of Care should be notified if there any discrepancies.

16.5. 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.

17. Specialist tasks

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

17.2. 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.

17.3. Administration of a medication by a specialised technique may only proceed with the express recorded agreement of the student and the parent/carers.

17.4. Authorisation from the Head of Care must be obtained before a staff member can undertake this additional specialised role.

18. Administration of rectal diazepam/buccal midazolam

18.1. 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 Head of Care 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.

18.2. 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.

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

18.4. 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.

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

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

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

18.8. 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.

18.9. 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.

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

19.11. 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.

19. Emergency supply of Salbutamol

19.1. The Head of Care will be responsible for implementing the Department of Health (DoH) "Guidance on the use of emergency salbutamol inhalers in schools".

19.2. 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".

19.3. 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.

19.4. The emergency inhaler can be used if the student's prescribed inhaler is not available. A disposable spacer device is used for hygiene.

19.5. An asthma protocol must be drawn up so that staff know who to contact in an emergency situation. (Procedures should follow the DoH guidance).

19.6. Written parental consent should be obtained for each student.

19.7. 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.

19.8. Supplies for the emergency asthma kits can be ordered from the local community pharmacy by the Head of Care.

19.9 Location of kits; Residential Manager office main house and Clement Lodge office.

19.10. A number of residential 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.

19.11. 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.

19.12. 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.

19.14. 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.

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

19.16. 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.

19.17. 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.

20. Auditing of medication

20.1. Medication audits should be undertaken regularly by the Head of Care/Residential Manager's

20.2. 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

20.3. Half term audits will be undertaken by the Head of Care/Residential Manager's and will include in addition to the topics above:

- Audits being carried out appropriately
- Staff competency assessments
- Adherence to emergency salbutamol guidance

21. Medication administration errors and safeguarding

21.1. At Sidestrand Hall school we recognise that despite the high standards of good practice and care medication errors may occasionally occur. In the event of an error the Head of Care must be informed immediately. There must be no concealment or delay in reporting the incident.

21.2. Advice must be sought from the Head of Care who will contact the GP/ emergency services as appropriate. Any advice given by the healthcare professional must be actioned immediately. 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.

21.3. A report to the Headteacher must be completed and will include details of whether the student came to any harm as a result of the error and what action was taken.

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

- Administering medication to the wrong student
- Administering the wrong dose of medication
- Failing to administer the medication
- Administering the medication at the wrong time
- Failing to record the medication administered
- Administering the medication via the wrong route
- Incorrect stock balance of Controlled Drugs

21.5. All medication errors, incidents and "near misses" must be fully and carefully investigated and documented by the Head of Care to determine the cause and to record any action taken as appropriate. Detailed audits must be carried out on a regular basis and used in meetings with medication administering staff to improve practice.

21.6. 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.

21.7. Reporting of suspected or confirmed medicines related safeguarding incidents should be made to the Head of Care on the same day.

22. Administration of medication training

22.1. All staff who administer medication in the residential provision must complete an administration of medication training and must attend an annual refresher medication course. Competency of staff must be assessed yearly or more frequently if required by the Head of Care and/or Residential Manager's.

22.2. Advice on medication issues from a pharmacist.

22.3. Medication reviews will be performed by the individual student's GP or other healthcare professional and staff must be aware of potential changes to a student's medication regime.

22.4. Staff are responsible for monitoring the effects of the medication that they administer and for taking direct action if the student's condition changes.

Residential procedures to ensure supply and storage of medication

1. Residential staff to liaise with parents/carers in good time, prior to residential supply of a student's medication remaining being at one week's supply.
2. Residential staff inform the Head of Care if at any time there is difficulty in obtaining a supply of a student's medication.
3. All new supplies of medication when received at the residential provision must be subsequently checked in.
4. Residential 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 residential 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 to the residential unit.

Residential procedures for the administration of medication

1. Two members of staff prepare to administer medication, having access to individual student's administration of medication records and keys to lockable medicine cabinet.
2. Staff to ask the student if they are ready to take their medication.
3. Either staff prepare a glass of water or promote independence in the student requesting they get a drink of choice ready (to aid the swallowing of tablets).
4. Both staff to check the identity of the student to whom the medication is to be administered. A photograph of the student, should be available to the staff member to aid correct identification. Either on medication record or storage container holding an individual student's medication in the locked medicine cabinet.
5. Staff to check with the student that they are the right person (where appropriate).
6. Staff to check the instructions for administration on the individual student's administration of medication record.
7. Staff to check that the medication has not already been administered.
8. Staff to open the locked medicine cabinet and remove appropriate medication container of the individual student. Staff to relock the medicines cabinet.
9. Check that the name, strength and dose of the drug on the pharmacy label corresponds to the individual student's administration of medication record.
10. Dispense medication according to the pharmacy label instructions into suitable receptacle (e.g. medication pot, syringe etc.)
11. Return medication supply to the lockable medicines cabinet and secure.
12. Staff to administer the medication and witness the student taking the medication.
13. Staff to record medication administration by completing the individual student's administration of medication Staff to check stock levels after administration checking the stock amount remaining is correct. Both amounts should match. Both staff to sign entries in the record and the student an option to sign.
14. Staff to report any discrepancies, refusal or spoiling to the Head of Care.

Residential 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. Placement plan medical section.
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.

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.

Residential 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.

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. Residential 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. Residential 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. Residential staff to inform other team members of changes via communication book, change over, shift meeting.

Residential 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 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 should be immediately informed.
5. A record of the medication error needs to be completed in the student's records.
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.

Residential procedures for medication handling for off-site activities

1. Student's will from time to time leave the school premises e.g. trips, activities. There is a range of options in the way medication is managed for a student's taking their medication.

2. The most suitable option must be selected after consideration of the risks of the individual situation. Risks include:

- Duration of time the student is away
- Who they are accompanied by and their level of training for medication administration
- The nature of the medication to be administered when off-site
- How much notice has been given of the intention to go off-site
- The following options should be considered:
 - Miss the dose out altogether (after confirmation with the GP)
 - Administer the dose early or late (after confirmation with the GP)
 - Give the original dispensed container of medication to a member of staff accompanying the student
 - Information must be given to the staff member accompanying the student. It must include details and directions about the medication, the time the last dose was administered, the time the next dose is due and a contact for queries.
- Medication taken out should be recorded in the individual student's medication record. Any medication returning should be signed back in.

