



Replenish Learning

Medication and Health Policy

September 2024

Introduction

The health and wellbeing of all students at Replenish Learning is paramount. 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
- Department of Health – Guidance on the use AAI in schools
- Ofsted requirements and recommendations

The Head of Care is suitably trained and competent and is appointed by the Principal 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.

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 residential care. Staff will be made aware of any changes following the review process. All staff who administer medication will, as part of Induction complete relevant online training material.

Good principles are as follows:

- 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 and to activate the 'do not disturb' telephone message.
- 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 students parent/guardian should be contacted.

- 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.
 - All relevant staff are required to read the Administration of Medication Policy and to record their agreement to follow it.
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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. Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medicines to them.
 2. Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely.
 3. Medicines are stored safely.
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Medicines brought into the school

- Medicines brought into the school must be in the original labelled container with clear instructions from the prescriber with matching batch numbers and expiry dates to the medication sleeves/bottles and boxes.
- All medicines brought in must be handed immediately to the staff.
- A completed letter or an email from the parents/carers must accompany the medication, giving full administration instructions - including when the last dose was given (if applicable). If the medication is not new, this will be on the pre-admission or on the student information.
- Medication received into the school must be recorded immediately on arrival.
- Staff will only administer medication from individual pharmacy-labelled containers. These will be dispensed by the pharmacist and prescribed to the student.

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

- Medicines to be stored safely in lockable medicines cabinet. There is restrictive access to medicine cabinets to only authorised staff having keys.
 - 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.
 - Emergency medicines and devices e.g. asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to students and not locked away but stored safely but accessibly.
 - 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.
 - Controlled Drugs should be stored in a locked non-portable cabinet and only named staff should have access. In term time holidays and when students are off site, a lockable safe or lockable medication pouch will be provided to keep medication locked away. Only trained staff will have access to this via a keycode. Controlled Drugs should be easily accessible in an emergency where appropriate.
 - 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.
 - Medication should be date-checked on a regular basis and stored and used in date order. Expired medication should be returned for disposal and recorded.
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Consent

No student under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent.

When the student starts at school, 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 students parental consent will also be requested for administration of non-prescribed pain relief medication (i.e. Calpol, paracetamol tablets) and those students with diagnosed asthma emergency (i.e. Salbutamol inhaler). 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. 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.

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.

Parents/carers will be requested to provide important medical information to enable staff to provide the appropriate support.

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.

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.

Individual health care plan (IHCP) Recorded on SID and filed in the student's school file

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.

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.

The IHCP should have any Medical condition, its triggers, signs, symptoms, and treatments recorded, and arrangements for written permission from parents/carers for medication to be administered by staff or self-administered by the student and the following points need to be considered.

- 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 or AAI where appropriate.
- Actions to be taken if a student refuses to take their medication
- Parents/carers to sign to consent if unknown allergy/reaction staff can call 999 and explain symptoms, if advised can give emergency treatment, salbutamol or adrenaline.

Non-prescribed over the counter medicines

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

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 (i.e. Calpol, paracetamol) or anti-histamines for allergy or hayfever symptoms.

Students can only be administered 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.

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. This is the same with any antihistamines administered.

Only Calpol and paracetamol tablets may be purchased by staff and they should seek guidance from the Pharmacist when purchasing any over the counter medication. Authorisation for purchase of stock must first be obtained from the Head of Care, House Leader or School Nurse.

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

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.

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.

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. In each residential house, College building and Nurses Medication Cabinet a stock of paracetamol tablet or liquid form and anti-histamine is kept in the medication safe, this is recorded on a stock balance sheet which needs completing if any staff member or student requires it. For students an additional medication form is also completed.

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

Administration of medication

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/sensitivities to medication must be checked before administration of medication. The Head of Care.

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.

Medication must not be transferred from one container to another.

The 8 Rights of Administration must be applied.

- Right student
- Right medication
- Right dose
- Right reason
- Right route
- Right response
- Right documentation
- Right time

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.

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 and stored accordingly as directed on the label

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 8 Rights of Administration cannot be verified
- There are any doubts or concerns

Advice should be sought from the Head of Care or School Nurse and contact will be made with the student's GP.

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. 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.

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 NHS 111. The Head of Care, House Leaders or School Nurse should be informed who will in turn inform the student's' parents/carers and/or GP so that alternative options can be considered.

Covert administration of medication

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

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, the Head of Care 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 and on the IHCP

Considerations for covert administration of medicines are as follows:

- The student's best interests are always considered.-
- 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.

Procedure for administration

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

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 or the student if the individual is self-medicating, i.e. post 16 students.

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.

Staff to follow all procedures.

Controlled drugs

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.

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.

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.

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

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

Controlled drugs should be audited regularly by the Head of Care.

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.

Record keeping

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. If any error made in recording of medication a line should be put through the error, not scribbled out and the staff member's initials next to it.

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 Head of Care and School Nurse 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). The records (placement plan/EHCP 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 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.

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 cupboard 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. Any medication to be disposed of will need to be disposed in a disposable container for medication provided by the School Nurse. A record of its destruction should be made on the medication record and the Head of Care should be notified.

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 nurse's office).

Self-management

A risk assessment should be undertaken to determine whether a student is able to self-medicate. The risk assessment considers the safety of the individual and other students.

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.

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

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.

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.

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.

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

Auditing of medication

Audits will be carried out every half term by the House Leader and termly by the Deputy principal and the Head of care. These will be recorded on an onsite audit checklist for medication.

This will include the following areas:

- Care and storage of medication
- Ensuring records are complete and accurate
- Medication counts
- Expiry dates/Batch numbers 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

A daily medication audit check is carried out by the residential staff, where possible this will be a senior member of staff. It is the senior member of the residential staff on shift to ensure the medication audit has been completed and all medication in the safe is the same as what is documented. Any discrepancies should be reported immediately to the Principle/ Headteacher. When breaking up for holiday periods, staff will complete an audit of the safe which is recorded and the process is repeated when school re-opens for the new term.

This will include in addition to the topics above:

- Audits been carried out appropriately
- Staff competency assessments
- Adherence to emergency salbutamol and AAI guidance.

Medication administration errors and safeguarding

At Replenish Learning 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.

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.

A report to the Principal 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.

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.

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.

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.

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

Medication Management & Best Practice

Preparation

Wash hands prior to any medication administration. Avoid handling tablets. If you must handle tablets or are applying nose/eye drops, cream or patches, wear gloves and wash hands once finished.



Reduce Risk of Interruptions

- DO NOT DISTURB sign on the door
- Whilst administering medication – get all equipment needed (i.e., drinks, medicine records)



Two members of staff at **all** times to carry out medication administration.

Always have two members of staff.



Ensure the **Eight Rights of Medication** are followed:

- Right student
- Right medication
- Right dose
- Right reason
- Right route
- Right response
- Right documentation
- Right time